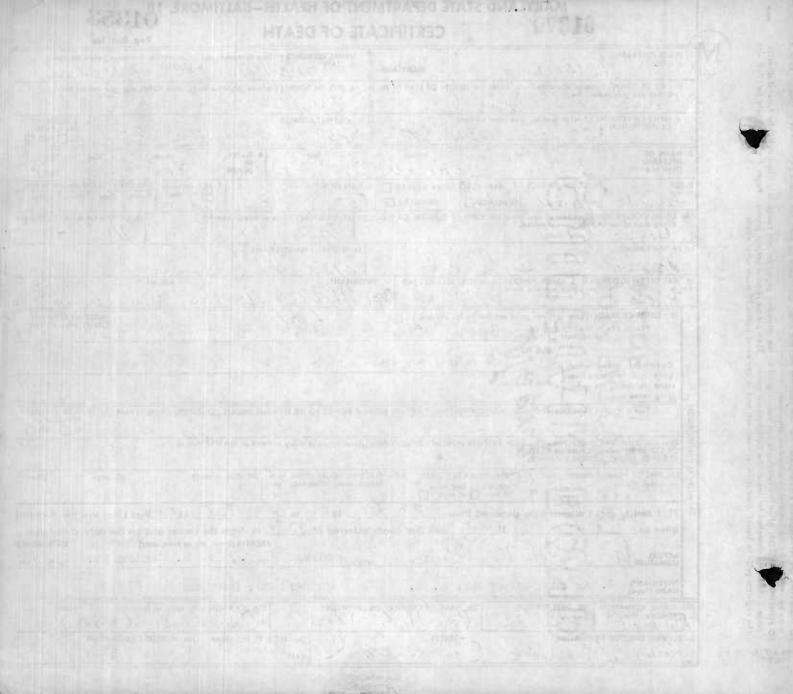
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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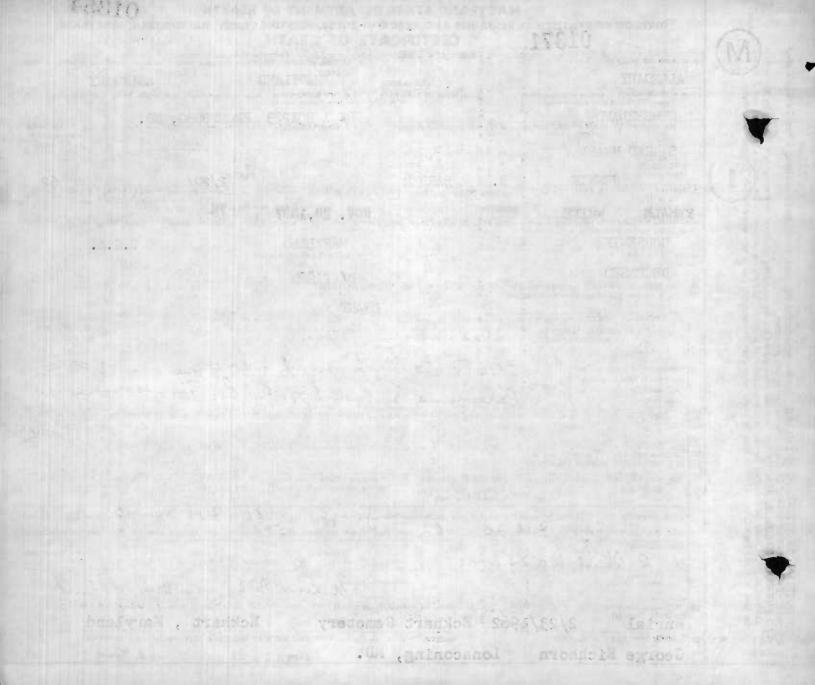
24 FUNERAL DIRECTOR'S SIGNATURE

George Eichhorn

after

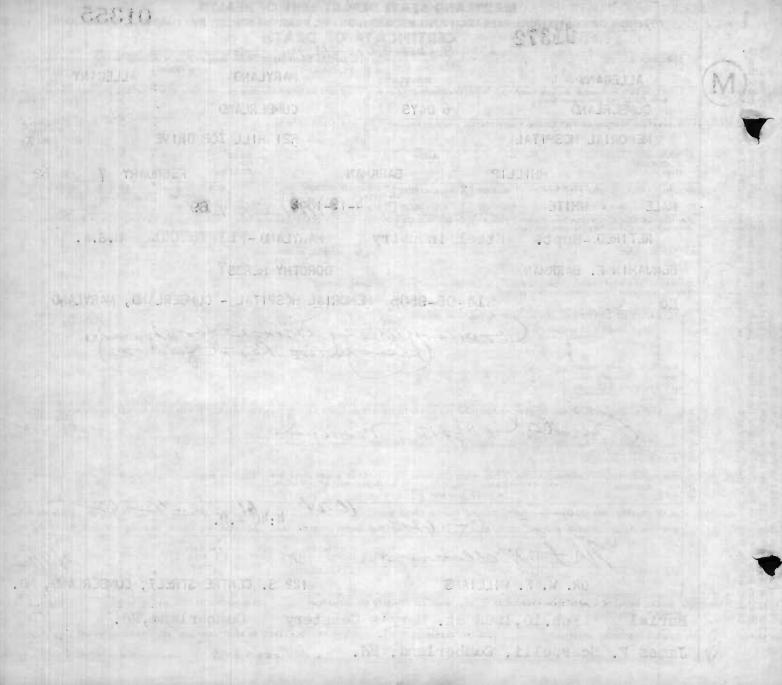
death certificate be executed within

attending



RYLAND STATE DEPARTMENT OF HEALTH

hours after 24 death attending requires that the D. p. 2

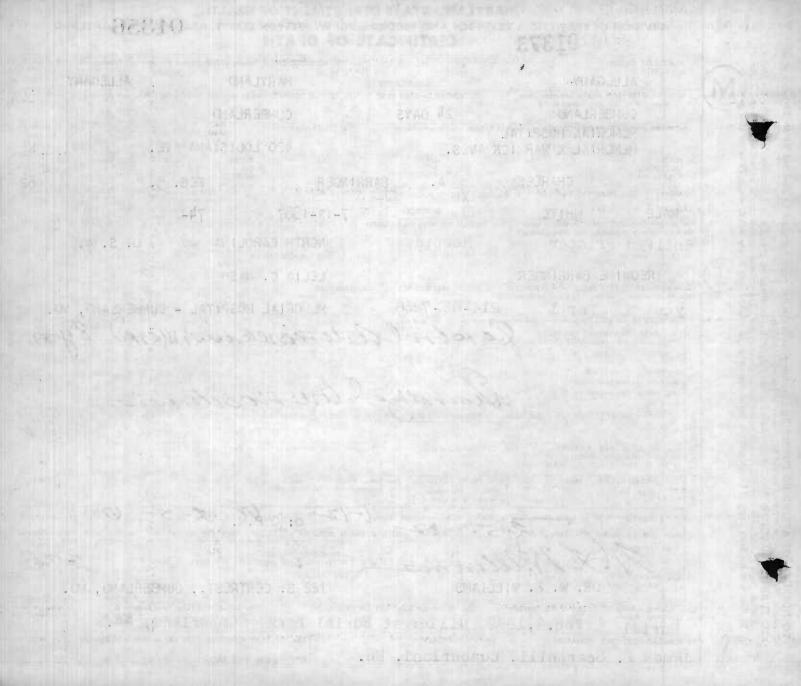


OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 death. Page may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely for in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 1 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

VR A15 (4) 15M 7/61 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORES WARYLAND
CERTIFICATE OF DEATH

01919 cruiica	IN OI PRAIII
1. PLACE OF DEATH	1 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission
ALLEGANY MARYLAND	a. STATE MARYLAND b. COUNTY ALLEGANY
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
write RURAL and give nearest town)	A 2
CUMBERLAND 24 DAYS	d. STREET ADDRESS e. IS RESIDENCE
d. NAME OF MERIOR OF LASTIBUTED Without in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARMI
MEMORIAL & WARWICK AVES.	420 LOUISIANA AVE. YES NO X
. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year OF
(Type or print)	RRINGER DEATH FEB. 5. 19 6
	3. DATE OF BIRTH 9. AGE (In years IP UNDER 1 YEAR IF UNDER 24 HRS.
	last birthday) Months Days Hours Min.
MALE WHITE WIDOWED DIVORCED Oa. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)	
Retired Printer Newspaper	NORTH CAROLINA U.S.A.
	14. MOTHER'S MAIDEN NAME
REDWINE BARRINGER	LELIA C. NASH
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 Yes, no, or unkown) (Ifyesgive war or dates of service)	INFORMANT Address
ves War T 214-05-7258	MEMORIAL HOSPITAL - CUMBERLAND, MD.
18. CAUSE OF DEATH [Enter only one cause of line for (e), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Interior Change Warker ONSB AND DEATH
IMMEDIATE CAUSE (a)	The state of the s
DUE TO	V
Conditions, if any, which geve rise to immediate cause	0 0
(a), stating the underlying DUE TO	& Chatania and
cause lest. (c)	- Willerosia
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
	YES NO Z
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH JUST NO. 20s. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DOEATH CONTRIBUTING CAUSE OF DOEATH CONTRIBUTING CAUSE OF DOEATH CONTRIBUTING CONTRIBUTING TO DEATH JUST NO.	D. (Enter nature of injury in Part I or Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. While Not While fact 19 all work at work	ACE OF INJURY (Home, farm, ', 20f. (City or town) (County) (State)
Hour a.m. While Not While fact	tory, street, office bldg., etc.)
	1 1-1 12 - 12
21. I certify that (I) (this hospital) attended the deceased from.	(-1/2-8:30196 M to 2-5-, 1967, that (1) (wo) las
saw the deceased alive on 19.0 and that	t death occured at
22a. SIGNATOR	ATTENDING MED. STAFF 22b. DATE
1X. NXlliams	AD. PHYS. DIRECTOR PHYS. D
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) DR. W. F. WILLIAMS	122 S. CENTREST., CUMBERLAND, MD.
3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify) Fob 9 1969 Hillorest	Burial Park Cumberland, Md.
Dulla	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
James F. Scarpelli, Cumberland, Mc	Ci. DATE program 4 2 160



. =-/		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARXIAND CERTIFICATE OF DEATH Thom 3 Mills (2007) 3/10/63
ours after he funera 2 should th.	M)	1. PLACE OF DEATH a. COUNTY ALLEGANY CUMBERLAND MARYLAND ARYLAND BEDFORD
24 h in by t s 1 and ter deal		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) 3! DAYS CUMBERLAND, MD.
ly fill sours affi	60	d. NAME OF PAPATOR (If not in hospital, give street address) MEMORIAL & WARWICK AVE. ON A FARM? MEMORIAL & WARWICK AVE.
xecuted papers papers in 72 h		3. NAME OF First Middle Last 4. DATE Month Dey Year OF DECEASED (Type or print) ALPHA PEARL BENNETT DEATH FEB I! 1952
and cocarbon nt, with		5. SEX FEMALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WHITE WIDOWED DIVORCED \$ 8-23-1905 9. AGE (In years last birthday) 50 yrs. 9. AGE (In years Months Days Hours Min.
ertifical hysician remove any eve		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress for an Interior Decorator 10b. KIND OF BUSINESS OR INDUSTRY BEANS COVE, PENNA. 12. CITIZEN OF WHAT COUNTRY U.S.S.
death of ding please	(I)	13. FATHER'S NAME ALBERT SOMERLOTT 14. MOTHER'S MAIDEN NAME BLANCHE ELLIOTT
e atten Then noval, a		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (Hyes give wer or dates of service) NO Address MEMORIAL HOSPITAL, CUMBERLAND, MD.
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a law rending place significations		Conditions, if any, which (b) inefacteses to spine, lungs,
or afte or afte te has b the bur burial,	0	(a), stating the underlying DUE TO cause last. (c)
rSICIA nospital ertifical use as rior to		PERFORMED? YES \(\sqrt{NO} \)
G PHY by the bar this cled for ealth p		20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
ENDIN Pained P R: Afte detack		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED You factory, street, office bldg., etc.) Not While Not While at work at work at work
A ATTI		21. I certify that (I) (this hospital) altended the deceased from No. 15. to 2/1/ 196., that (I) (we) lass saw the deceased value on 196. In the date stated above
AL DI ge 3 sh h the S		226. SIGNATURE ATTENDING MED. PHYS. DIRECTOR PHYS. 226. DATE 276. PHYS. 276. PHYS. 276. PHYS. 276. PHYS. 276. PHYS. 276. ADDRESS
HOSPITA oth. Pag- FUNERA.	-	NAME (Type) DR. S.G. WEISMAN 59 GREENE ST., CUMBERLANDMD.
P di di		23s. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Burial 2/11/62 Bethel Cemetery Near Centerville Penna
VR A1S (4) 15M 7/61		24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 253. REC'D BY REGISTRAR 255. REGISTRAR'S SIGNATURE Ruth E. Silcox Cumberland Maryland DATEFEB 1 5 '62 Cuthun S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH

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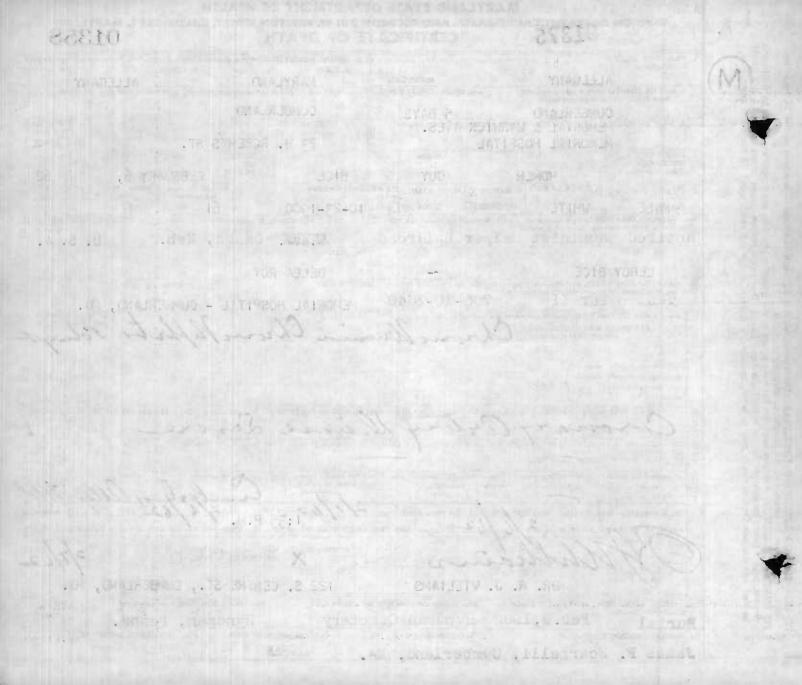
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DE. S.G. METSTAN

MARYL	AND STATE DEPARTMENT O	OF HEALTH
DIVISION OF STATISTICAL RESEARCH	CH AND RECORDS, 301 W. PRESTO CERTIFICATE OF DEAT	ON STREET, BALTIMORE 1, MARYLAND H 01358

	07010	CERTIFICA	IE OF DEAT	III.	01000
1. PLACE OF DE.	ATH		2. USUAL RESIDEN		d, If Institution: Residence before ed
a. COUNTT	ALLEGANIZ		a, STATE		DUNTY
b. CITY OR TOW	ALLEGANY /N (if outside corporate limits,	c. LENGTH OF STAY IN 16	MARYL		ALLEGANY write RURAL and give nearest town)
write RURAL	and give nearest town)	C. LENGIN OF STAT IN IB	Y 2		write KUKAL and give nearest town;
	CUMBERLAND	5 DAYS	OL CUMBE	RLAND	
d. NAME OF HO	SPIME MORTALTION I'WA'RW	45Cipt, anvergi address)	d. STREET ADDRESS		e. IS RES
	MEMORIAL HOSPIT		23 W.	ROBERTS ST.	YES T
NAME OF	First	Middle	Last	4. DATE M	onth Dey Yeer
(Type or print)	HOMED	CHV	DICE	OF DEATH CCD	DUADY (10
5. SEX	HOMER	GUY	BICE	FCD	RUARY 6, 19
J. J.A	6. COLOR OR RACE 7. MARE	MED K NEVER MARRIED	. DATE OF BIRTH	last birthde	
MALE	WHITE WIDOV	VED DIVORCED	10-23-1900	61 yr	
	PATION (Give kind of work 10b.	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cour	nty & State, or foreign cour	try) 12. CITIZEN OF WHAT CO
	Machinist Hel	ner Railroad	XXXXXXX.	Omaha, Ne	h us
13. FATHER'S NAM		per narribad	1 14. MOTHER'S MAIDEN		b. U. S. /
			14. MOTHER S MAIDEN	HALIE	
LERO	DY BICE	- Arthur	DELLA	ROY	
	EVER IN U.S. ARMED FORCES? 16	S. SOCIAL SECURITY NO. 17.	INFORMANT	Add	fress
ves	(If yes give wer or dates of service)	705-10-3640	MEMODIAL III	OCDITAL CU	ADE DI AND
	OF DEATH [Enter only one cause pe		MEMORIAL H	USPITAL - CU	MBE RLAND , MD .
	EATH WAS CAUSED BY	I line for (a), (b), and (c)	- 1	- 71	ONSET AND DE
TAKI I. D	IMMEDIATE CAUSE (a)	hrome Wie	und h	rome /lef	hubs Solar
5 4	DUE TO				
Conditions, if			Carlo Val		
gave rise to imi	mediate cause				
(a), stating the	e underlying DUE TO				
cause last.) (c)				
Z PART II. O'	THER SIGNIFICANT CONDITIONS CO	DITRIBUTING TO DEATH BUT NO	T BELATED TO THE TERMI	NAL DISEASE CONDITION	
E Col	congres (releve 11	Liens &	Nenes	PERFORM YES N
200 ACCIDENT	WAS UNDERLYING 1 206. DI	ESCRIBE HOW INJURY OCCURED	(Salar salvas al inivas in	Don't Law Don't II of Hom 10)	11.0
OR CONTRIBUT	ING CAUSE OF DEATH	ESCRIBE HOW INJUST OCCURED	, (Enter nature of injury in	rent i or rent ii or nem 10.)	4
O (IF EITHER, NO	TIFY MEDICAL EXAMINER)				*
3 20c. TIME OF I	NJURY Month, Day, Year 20d		CE OF INJURY (Home, farm		(County) (Si
Hour a.	at we	10 10 10 10 10 10 10 10 10 10 10 10 10 1	ory, street, office bldg., atc		0. 1000 2
	17	ork at work	27/	my	graf leller n
21. I certif	y that (I) (this hospital) atte	need the deceased from.	4/62	19 10 2/ 6	19, that (I) (w
saw the dec	eased alive on 2/6	/ 2 19 end thet	death occured at 5	M. from the caus	es and on the dete stated
120 SIGNATIO	RELATION NOT				226.
(1)				MED. STAFF	2/2/
1/1/	Vinna	m M	I.D. PHYS.	DIRECTOR PHYS.	71/4
92c. PHYSICIA NAME (T	vnal		22d. ADDRESS		
	DR. R. J	. WILLIAMS	122 S.	CENTRE ST.,	CUMBERLAND, MD.
23a. BURIAL, CREM	AATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City	, town or county) (Stet
REMOVAL (Spec					
Burial				Hyndman,	
24 FUNERAL DIREC	TOR'S SIGNATURE	ADDRESS			REGISTRAR'S SIGNATURE
				can to di VETTO	Civilius S. Mralla

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01376 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY ALLEGANY 4 2 P WEST VIRGINI XKK MINERAL MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest lown) write RURAL end give nearest town) 26 DAYS CUMBERLAND ROUTE # 1 RIDGELEY WEST VIRGINIA d. NAME OF HOSPITAL OR INSTITUTIONAL PROPERTY SPIPE MORPHALES d. STREET ADDRESS e. IS RESIDENCE ON A FARM? AVES .. YES NO Middle 3. NAME OF 4. DATE Month Day Yeer DECEASED OF (Type or print) OLIVER LEONARD ROONE DEATH FEBRUARY 25 62 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours MALE SEPT.10.1905 WIDOWED [DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U. S. A. Machinist Helper B. & O. W RWV. WEST VIRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ple DAVY. MARY JOHN I. BOONE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) HOSFITAL. CUMBERLAND, MARYLAND 705-05-5327 MEMORIAL 18. CAUSE OF DEATH [Enter only one cause per line for 102 (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if env. which (b) geve rise to immediate cause DUF TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION as PERFORMED? NO [20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY 20f. (City or town) (County) Month, Dey, Yeer (Stata) factory, street, office bldg., etc.) WEDI While Not While Hour e.m. at work et work OR: D. m. 21. I certify that (I) (this hospital) attended the deceased from. ., 19, that (I) (we) lest 1962 and thet deeth occured 9:05 M, from the causes and on the date stated above. saw the deceased alive on DIRE 22e. SIGNATI SIGNED ATTENDING STAFF DIRECTOR PHYS PHYS. M.D. 22d. ADDRESS 22c PHYSICIAN' FUNER NAME (Type) PHYMELWRIGHT VIRGINIA AVENUE, CUMBERLAND, MD. rector, 23a. BURIAL, CREMATION, | 23b. 23d. LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY (Stete) の声る REMOVAL (Specify) 28/62 Buria Mt. Herman Cemetery Near Cumberland, Md. ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7 61 George Cumberland. Md. Charles L. '62 DATE Orthon & How

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ARYLAND STATE DEPARTMENT OF HEALTH

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Charles I. Dorret Comberland Md. - Da Wolling

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TO HOSPITAL OR ALTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	death. Pag. Tay be retained by the hospital or attending physician.	E TO FUNERAM DIRECTOR: After this certificate has been signed by the attending physician and completely file in by the funeral	director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon, papers, Pay is 1 and 2 should	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dearn.	

DIVISION OF STATISTICAL RE	CERTIFICA	5, 301 W. PRESTO F OF DEAT 1		BALTIMORI	E 1, MAI	TOOU
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDEN		sed lived, If institu	ution: Residenc	a before edmission
ALLEGANY	MARYLAND		YLAND	A	LIEGAN	Y
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		limits, write RUR	AL and giva r	eerest town)
write RURAL end give nearest town)	THE RESERVE AND ADDRESS OF THE PARTY OF THE	A2 amount	CTAN 3			
d. NAME OF HOSPITAL OR INSTITUTION (if not in	hamital give street address)	d. STREET ADDRESS	LAND			a. IS RESIDENCE
a. Hame of most that ok institution (it not it	nospilei, give siteet edoress)	M C D	. 1 D	1)		ON A FARM?
SACRED HEART HOSPITAL		1 Euch	el Pl	uce_		YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE	Month	Day	Year
(Type or print)	TAIRDENGE	TOTO A TITE STORY	OF DEATH	0	0	10 (0
5. SEX 6. COLOR OR RACE 7 MA	LAWRENCE	BRATLER DATE OF BIRTH	10 A	GE (in years IF U)	NDER 1 VEAR	19 62 IF UNDER 24 HRS.
J. SER OF BREE 7. MA	RRIEDY NEVER MARRIED 8	, DAIL OF BIRTH	Ja:	st birthday) Mor		Hours Min.
L PLATER WITH LD	OWED DIVORCED	9/14/09	52 53	yrs.		
10a. USUAL OCCUPATION (Giva kind of work dona dening most of working life, evan if retired)	b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cou	nty & Stata, or fora	ign country) 1	2. CITIZEN OF	WHAT COUNTRY
Bakes	Baking Co.	264 7777 43	-			
13. FATHER'S NAME	yancing Co.	MARYT.AT			U,	S.A.
Migustine		14. MOTHER S MAIDER	TTAINE			
CAME BRATTER		MARY AND	I PENLEBE	RRY		
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	NFORMANT		Address		
(Yes, go or unkown) (Ifyesgivawarordetesetservice)		ATT A TOPS				
8. CAUSE OF DEATH [Enter only one cause	per line for (e). (b), and (c).)	CHART		0	INTI	ERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	0 1 0	. 1	0 1.	N' (SET AND DEATH
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DUE TO			V	()		
Conditions, if any, which (b)						
gave risa to immadiate causa						
(a), stating the underlying DUE TO						
causa last. (c)						
PART II. OTHER SIGNIFICANT CONDITIONS The possesses Recurrence	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CON	IDITION GIVEN IN	1 PART 1(a) 15	PERFORMED?
13 Has Oceander Co. Occasionario	Condin de	Juin.	En. 0.	430.	Y	ES NO
E 200. ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURED	. Ontar nature of injury in	Pert I or Part II of I	rem 18.)		
E 200. ACCIDENT WAS UNDERLYING ☐ 20b. OR CONTRIBUTING ☐ CAUSE OF DEATH OF (IF EITHER, NOTIFY MEDICAL EXAMINER)				100		
		0. 0. 0. 0. 0. 0. 0.	101		10 . 1	(5)
		CE OF INJURY (Homa, fari ory, street, office bldg., atd		lown}	(County)	(State)
₹ p.m. 19 at	work et work		1			
21. I certify that (I) (this hospital) a	ttended the decessed from	Jan	19/eD to 2	12	1902 1	nat (I) (we) la
saw the deceased alive on			394M		ا بعداد ا	131 (1) (1/3) 13.
	IY(QC, and fnat	death occured at.7	AV, wom in	e causes and	on the da	
22a. SIGNATURE		ATTENDING	MED :	STAFF		225 DATE
Willegen &	Jacques M	.0.	DIRECTOR F	HYS.		2/10/62
22c. PHYSICIAN'S		22d. ADDRESS				
NAME (Type) DR. TAKES		441	N CENTRE	STREET		
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	1123 162ATIC	N (City town of	county)	(Stata)_
MOVAL (Spacify) 2/15/15	5 8+ Dut	des	my	1	200	mo
Bureaf = 12/6.	- or Farrier	0	11/1	sove	ge	11/0
14 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	1.	C'D BY REGISTRAL		AR'S SIGNAT	URE
Laws steen in	c (umb.	MX DATE F	ES 1 3 '62			

MARYLAND STATE DEPARTMENT OF HEALTH

13:16.3 1 miles interest & miles & the Ar - 1 Hericalistic general of Cadras Grangemaken, Bulgary geverandormen w. f.(i)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 MARYLAND CERTIFICATE OF DEATH 01378 I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Rasidence before admission) a. COUNTY b. COUNTY Allegany Marvland MARYLAND Allegany b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) A Cumberland, Cumberland. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS 115 So. Allegany St 115 So. Allegany St. 3. NAME OF Middle 4. DATE DECEASED (Type or print) DEATH Gertrude Hazel Carder Feb. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SFX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Female White WIDOWED X DIVORCED Feb. 1De. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Apt. Bldg. Manager Halltown. W. Va. U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles W. Brown Fannie Bell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or dates of servica) No. Mrs. Morris L. Barnes 115 So. Allegany St 18. CAUSE OF DEATH [Entar only one ceuse per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate ceuse (a), stating the undarlying ceusa lest. CONTRIBUTING TO DEATH BUT NOT PART II. OTHER SIGNIFICANT CONDITIONS 2De. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, 1 2Df. (City or town) (County) Month, Dey, Year factory, street, office bldg., etc.) While Not While Hour a.m. et work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on. and that death occured at M from the causes and on the date stated above.

23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 2/20/62 Grace Episcopal Cem. Burial ADDRESS

Williams M.D.

Elkridge. 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

PHYS.

So. Centre St., Cumberland,

DIRECTOR

Cumberland, Md.

ATTENDING

22d. ADDRESS

DATE FEB 21 '62 arthur S. Trays

23d. LOCATION (City, town or county)

a IS RESIDENCE ON A FARM?

YES NO A

62

Year

19

Cumb. Md.

INTERVAL BETWEEN ONSE AND DEAT

> WAS AUTOPSY PERFORMED? NO X

> > (State)

(State)

Hours

17.

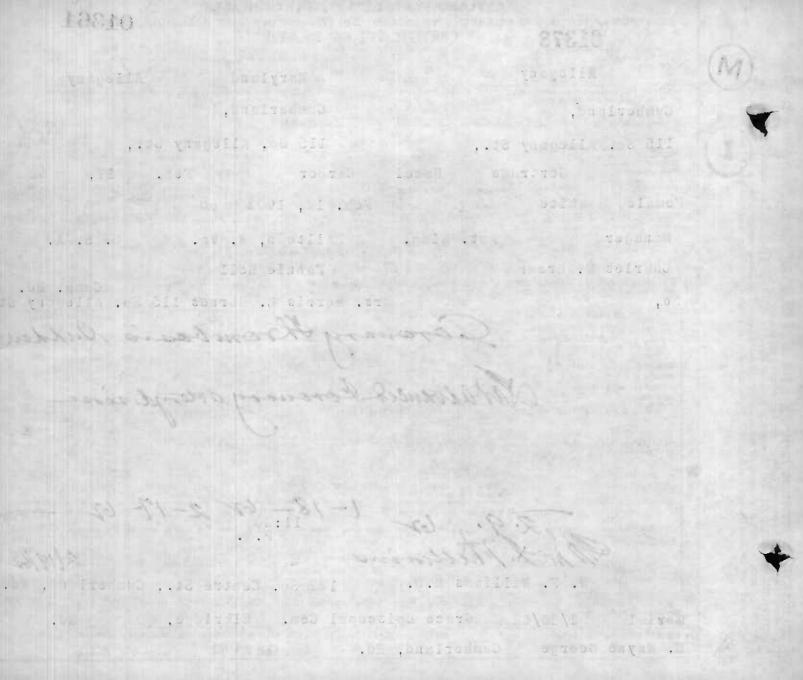
24 FUNERAL DIRECTOR'S SIGNATURE H. Wavne George

22e. SIGNATURE

22c. PHYSICIAN'S

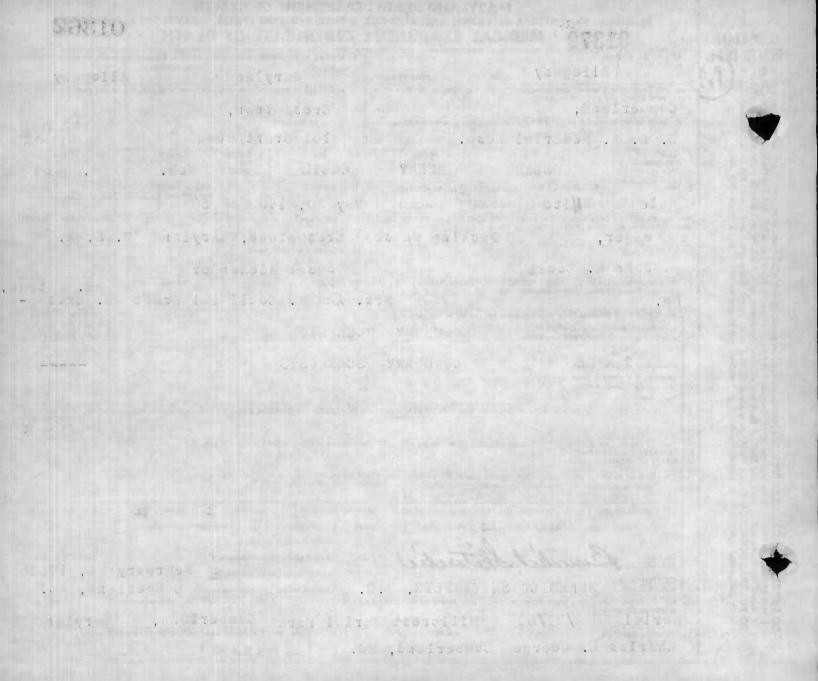
NAME (Type)

VR A15 (4) 15M 9/60

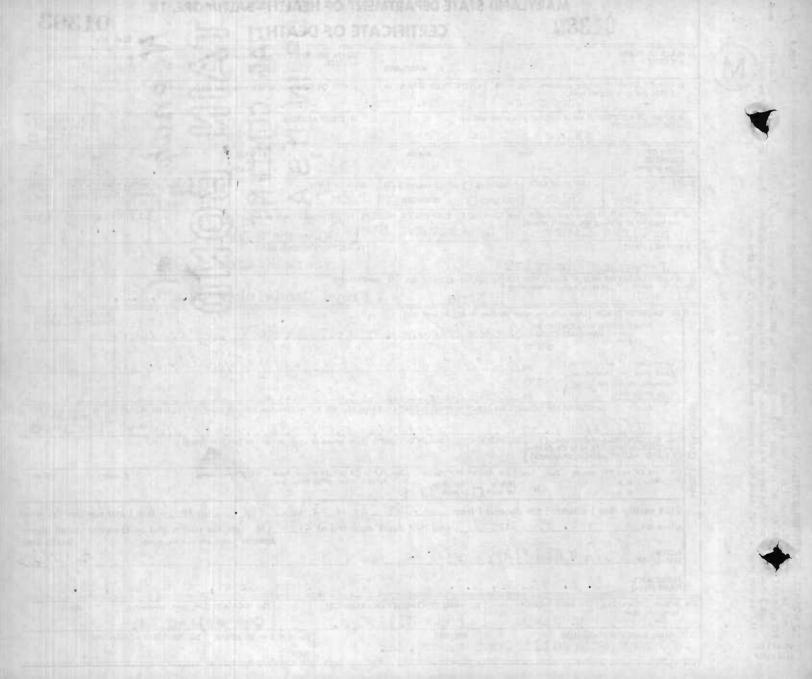


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Page Health, Allegany ector. F. files. Maryland Allegany MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest fown) write RURAL and give nearest town) Cumberland. Cresaptown. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE Boar ON A FARM? 101 Brant Road D. O. A. Memorial Hosp. YES NO X ould be executed within 24 hours after death. If any der 'in pencil in Item 18. Give Pages 1, 2, and 3 to the functional Office along with form PM3. Page 5 may be retained burial-transit permit. File pages 1 and 2 with the State Inoval, and in any event, within 72 hours after death. 4. DATE 3. NAME OF Middle Month Yaar DECEASED OF OSCAR HENRY CECIL Feb. (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Hours 30, 1903 Male Mav WIDOWED DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY! 11. BIRTHPLACE (State or foreign country) dona during most of working life, even if relired) Packing House U. S. A. Cresaptown. Maryland Manager. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John W. Cecil Susan Alexander This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMAN Addrass Md. town. (Yas, no, or unkown) | (Ifyesgive war or datas of service) Mrs. Ada R. Cecil 101 Brant Rd. Cresap-No INTERVAL BETWEEN 18. CAUSE OF DEATH [Entar only one cause per line for (e), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CORONARY OCCLUSION SUDDEN IMMEDIATE CAUSE (a) DUE TO removal, SCLEROSIS CORONARY Conditions, if any, which (b) gave rise to immediata causa the certificate, writing the word "pending" rwarded to the Chief Medical Examiner's ro DUE TO (a), stating the underlying used cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 2 Medical NO X pluods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury In Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. lease execute the cermineary, minimals, should be forwarded to the Chief Me PUNERAL DIRECTOR: Page 3 sho EXAMINER: 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm,) 20f. (City or fown) (County) (State) 20c. TIME OF INJURY Month, Day, Yaer fectory, street, office bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry XX and in my opinion Inspection T Natural causes Suicide Homicide Undetermined manner Accident death resulted from: CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE February 24. 1962 DEPUTY MEDICAL EXAMINER DEPUT BENEDICT SKITARELIC, M.D. Address (Street, city, town, or county) Cumberland, NAME (Typa) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 940 g Cumberland. Hillcrest Burial Park Burial 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS Charles L. George VS. A15ME Cumberland. Md. DATE FER 2 8 '62 arthur S. Thouse 5M 9/60

ARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



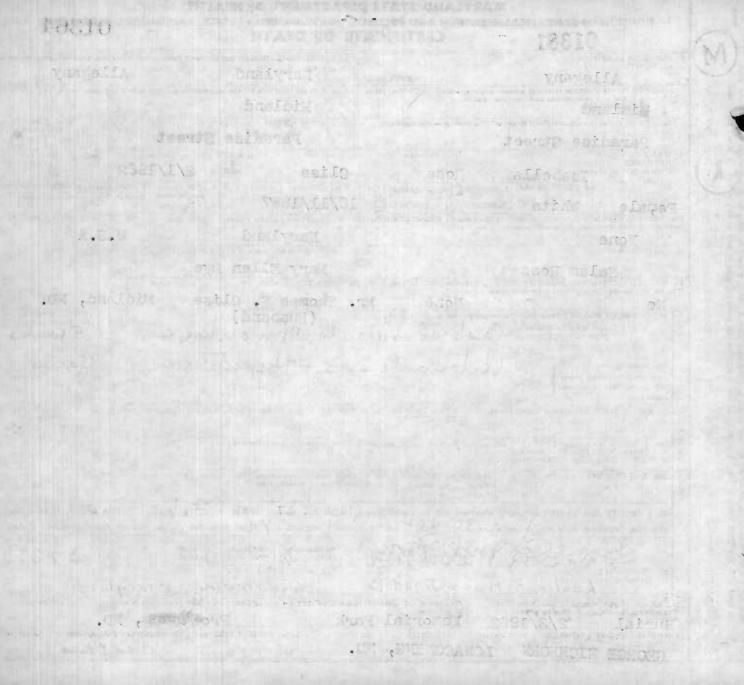
I and 2 should The law requires that the death certificate be executed within 24 hours after er death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within death. Page 19 be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely first director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 6 filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the state Dept. of Health prior to burial, cremation, or removal, and in any event, VR A15

15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1381 CERTIFICATE OF DEATH

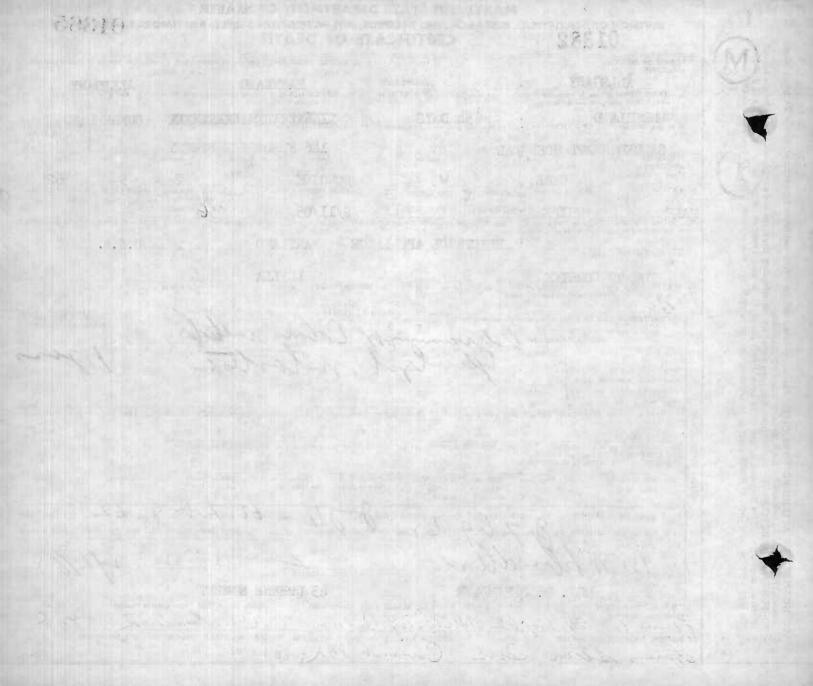
1. ;	LACE OF DEATH					2. USUAL RESIDE		deceased lived, If b. COUN	17V		dmission)	
-		legany if outside corporate lim	•••	MARY		Maryland Allegany						
H	write RURAL and	give nearest town)	its,	c. LENGTH OF STA	A IN ID	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) Midland						
	. NAME OF HOSPI	TAL OR INSTITUTION	if not in hos	spital, give street eddr	ess)	d. STREET ADDRES	is	13-14			ESIDENCE A FARM?	
	Parad:	ise Stree	t			/ Para	adise	Street		YES _		
	NAME OF DECEASED	First		Middle		Last	4. DATE	Month		Yee	r	
	(Type or print)	Isabella		Ross		Glise	DEAT	2/1/3	1962	19		
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIE	D	DATE OF BIRTH		9. AGE (In years last birthday)	Months Days		24 HRS.	
	remale	White	WIDOWE	DIVORCE		10/11/188'	7	74 yrs.	Months Days	Hours	Min.	
10a dor	USUAL OCCUPAT	TON (Give kind of wor	k 10b. K	IND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLACE (Co	ounty & State, o	r foreign country)			COUNTRY?	
	None					Maryl	and		U.S.	A		
13.	FATHER'S NAME					14. MOTHER'S MAIDE						
		lem Ross				Mary E	llen I)ye				
15. (Ye:	WAS DECEASED EV , no, or unkown) (I	ER IN U.S. ARMED FOI	RCES? 16.	SOCIAL SECURITY N	O. 17. I	NFORMANT		Address				
	No			None	Mr			ise]	Midland	, MD	•	
		EATH [Enter only one	cause per	ine for (e), (b), end (c	:).]	(Husb	and)			NSET AND		
		H WAS CAUSED BY, IMMEDIATE CAUSE (e)	Core	ebral V	asc	ular De	mon	hage		5 we	eles	
	331	DUE TO	0	1 .	1	11	+					
	Conditions, if eny	100	- Ch	lenosd	lero:	sis + 94	sperl	ension	(Lear	0	
	geve rise to immedi (e), steting the u						ai			0		
	cause lest.) (c)										
20	PART II. OTHE	R SIGNIFICANT COND	TIONS CON	TRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TERM	MINAL DISEASE	CONDITION GIV	EN IN PART 1(e)		NUTOPSY ORMED?	
LE S										YES	NO X	
CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURED	(Enter nature of injury i	in Pert I or Part	Il of item 18.)				
3	20c. TIME OF INJU	JRY Month, Day, Ye	ar 20d.	INJURY OCCURRED		CE OF INJURY (Home, fa		ty or town)	(County)		(State)	
MEDICAL	Hour a.m.	19	While et wor		fact	ory, street, office bldg., e	etc.)					
	p.m.				1 5/	Tuguet 27	10.5%	= 1	1 10(0)	4L-1 (1)	(vuo) last	
						death occured at.						
	22a. SIGNATURA	sed alive oil	A	Z, a	ilid mai	dealli occured al.	Z 1101	III IIIe canses	and on the c	221	DATE	
		2) - 00) Va	(A	211	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		2.1.	ŞIGNED	
	22c. PHYSICIAN'S	war b	1.11	augur	V VV	22d. ADDRESS	DIRECTOR [01.1.	6 4	
П	NAME (Type)	Leslie R	. Mil	es, Jr., M	.D.	Lon	aconi	na. m	arylan	d		
23a	BURIAL, CREMATI	ON, 236. DATE THE		23c. NAME OF C	EMETERY (CATION (City, to			tete)	
	REMOVAL (Specify)		962	Memoria	1 Pa	rk	H.	rostbur	g. MD.			
	FUNERAL DIRECTOR		100	ADDRESS	20			STRAR 25b. RE		ATURE		
	GEORGE	EICHHORN	LO	NACONING	, MD	DATE	FEB 5	162	William S. F	Trans		



VR A1S (4 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)
ALLEGANY MARYLAND	b. COUNTY MARYTAND ALLUGANY
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
CUMBERLAND 54 DAYS	d. STREET ADDRESS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS ON A FARM?
SACRED HEART HOSPITAT.	146 FREDERICK STREET YES NO THE
SACRED HEART HOSPITAL 3. NAME OF First Middle Middle	Lest 4. DATE Month Day Yeer
(Type or print) CARL W	CORRICK OF DEATH 2 9 1%2
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
MATE WHITE WIDOWED DIVORCED	2/11/05 Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST	
done during most of working life, even if retired)	MADVIT AND
13. FATHER'S NAME	NCE MARYLAND U.S.A.
EDWARD CORRICK 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no or unkown) (Ifyesgivewarordatesofservice)	MALOUMANA VOILESS
//0	CHART
18 CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	onset and Death
5 0 DUE TO	1 + 1- 1men
Conditions, if eny, which \ (b)	mobiles 1
gave rise to immediate cause	
(a), staring the underlying	
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
TO THE SIGNIFICANT COMMISSION TO SEATT BUT IN	PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N OF CONTRIBUTING CONTRIBUTING COURSE OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter neture of injury in Pert I or Pert II of item 18.)
Hour a.m. While Not While	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
p.m. 19 et work at work	
21. I certify that (I) (this hospital) attended the deceased from	1962 to fell 9 , 1962 that (I) (we) lest
saw the deceesed alive on 2 2 9 19 6 and that	deeth occured at
22e. SIGNATURE	22b. DATE
1 1 m hlor sell -	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D
22c. PHYSICIAN'S	22d. ADDRESS
DR . B. SCHINDLER	L3 GREENE STREET
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
Burnal 2/15/62 Hillerest	Im. Cumberland m. D.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S, SIGNATURE
Lawis Steen Inc. Cum	b. Md DATE B 1 3 '62 Chilling S. Thank
of the control of the	. Address.



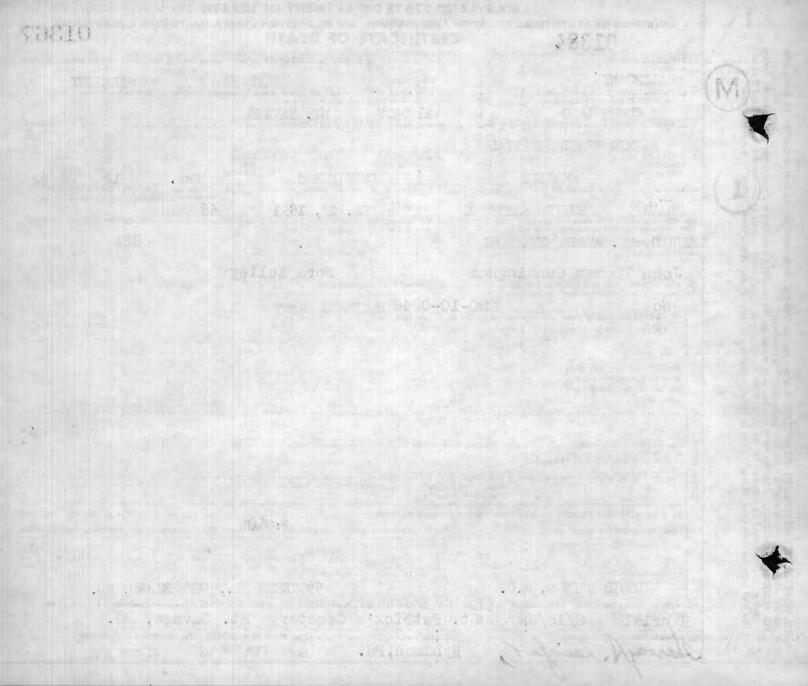
FOR STATE **HEALTH DEPT** ector. Page necessary, our files. OF TO TO DEPUTY ADICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is please executed the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funex 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boar or ijs designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 9/6D

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1100 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1100 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

L PLACE OF DEATH COUNTY Allegany MARYLAND b. CITY OF TOWN If outside corporate limits, c. LENGTH OF STAY IN 16 b. CITY OF TOWN If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OF TOWN If outside corporate limits, write EURAL and give seased from) D.O.A. Memorial Hospital of International Mode C. CITY OF TOWN If outside corporate limits, write EURAL and give seased from) D.O.A. Memorial Hospital or in hospital, give steat address) D.O.A. Memorial Hospital or Middle Better Address DATE PRINTED TO 19 62 S. SEX		013	383 ME	DICA	. EXAMINER	'S CERTI	FICAT	E OF DE	ATH	0	1366
Allegany b. CHY OR IVON III outled exposets limits, while RURAL and give neement fown) c. CHYON TOWN III outled exposets limits, while RURAL and give neement fown) c. CHYON TOWN III outled exposets limits, while RURAL and give neement fown) c. CHYON TOWN III outled exposets limits, while RURAL and give neement fown) c. CHYON FOWN III outled corporate limits, while RURAL and give neement fown) c. CHYON FOWN III outled corporate limits, while RURAL and give neement fown) c. CHYON FOWN III outled corporate limits, while RURAL and give neement fown) c. CHYON FOWN III outled corporate limits, while RURAL and give neement fown) c. CHYON FOWN III outled corporate limits, while RURAL and give neement fown) c. CHYON FOWN III outled corporate limits, while RURAL and give neement fown) c. CHYON FOWN III outled corporate limits, while RURAL and give neement fown) c. CHYON FOWN III outled corporate limits, while RURAL and give neement fown) c. CHYON FOWN III outled corporate limits, while RURAL and give neement fown) d. STREET ADDRESS 714 Brook Field Ave. Part H. DATE Model Ave. Part H. DATE Model Ave. No. DATE BIGNED COCION TO THE TIME WAS AUTOFAY PERFORMED VIS. DATE MODEL A. DATE BIGNED No. DATE								CE (Where decease	d lived, If ins	titution: Residen	ce before admissi
b. CITY OR TOWN (If outside component limits, write number land on the component limits, write number land of the component limits with new land of the component limits, write number land of the component limits with new land of the component limits, write number land of the component limits, write number land of the component limits with new land of the component limits, write number land of the component limits with new land of the component limits with land of the component land of the component limits with land of the component limits with land of the component land of the component limits with land of the component land of the com			egany		MARYLAN		Mar	vland	b. COUNTY	- 170 ma	anv
Cumberland d. Anae of hospital or historic pites in hospital, pive street address) D.O.A. Memorial Hospital D.O.A. Memorial Hospital J. NAME OF DECRESED (Type or print) Licry Mae Cozad DEATH Fig. D.O. A. DATE Month Day Year 109 62 S. SEK 6. COLOR OR RACE / MARRIED NEVER MARRIED DIVORCED	Ь. С	ITY OR TOWN (if	f outside corporate lin	nits,	c. LENGTH OF STAY IN	1b c. CITY			limits, write R		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital) D. O. A. Memorial Hospital THOSPITAL HOSPITAL THOSPITAL HOSPITAL J. NAME OF HOSPITAL OR INSTITUTION (If not in hospital) J. NAME OF DROES AND PROPERTY HOSPITAL J. NAME OF HOSPITAL OR INSTITUTION (If not in hospital) J. NAME OF HOSPITAL OR INSTITUTION (If not in hospital) J. NAME OF HOSPITAL OR INSTITUTION (If not in hospital) J. NAME OF HOSPITAL OR INSTITUTION (If no in hospital) J. NAME OF HOSPITAL OR INSTITUTION (If no in hospital) J. NAME OF HOSPITAL OR INSTITUTION (If no in hospital) J. NAME OF HOSPITAL OR INSTITUTION (If no in hospital) J. NAME OF HOSPITAL OR INSTITUTION (If no in hospital) J. NAME OF HOSPITAL OR INSTITUTION (If no in hospital) J. NAME OF HOSPITAL OR INSTITUTION (If no in hospital) J. NAME OF HOSPITAL OR INSTITUTION (If no in hospital cause (a), dainy of hospital or in hospital (a), dainy of ho	404	9 "	- 7		45 years	02					
D.O.A. MEMOTIEJ HOSPICEL T14 Brookfield Ave. Y85 No S. SAME OF DEATH Pob. 10 19 62	d. N	AME OF HOSPIT	AL OR INSTITUTION	(if not in hos		d. STREE		IDCI Dallo			e. IS RESIDEN
Deterring Development De		D-0-A-	Memorial	Hos	ital	דמ	1 Dag	olefi old	ATTO		
DECRESSION Color or Rect T. MARRID Mever MARRID S. DATE OF BRITH Feb. 10 19 62	3. NA	ME OF								Day	
S. SEK 6. COLOR OR RACE 7. MARRIED 10. NOTE 10. NOTE 11. NOTE 12. HISTORY 1. BETHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 1. BETHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 1. BETHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 1. BETHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 1. BETHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 1. BETHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 1. BETHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 1. BETHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 1. BETHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 1. BETHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 1. BETHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 12. CITIZEN OF WHAT COUNTRY 13. FATHER'S MADDEN NAME 14. MOTHER'S MADDEN NAME 14. MO			T	037	Ma	Cozad			77 - 7.		10 62
Pemale White Whowed Divorced Divor	5. SEX										1/
SUSTAIN OCCUPATION (Give sind of work does during life, even if relired) Clothing Store Preston County, W. Va. USA 13. FAITHER'S MAIDEN NAME M. Judson Orr 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no., or unknown) (Hyresgive water deletes leavies) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mr. Anthony Cozad, Cumberland, Md. 18. CAUSE OF DEATH [inter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSE (a) Coronary Occlusion DUE TO Conditions, if any, which gave rise to immediate cause (c), taking the underlying (e) EVEN TO COVER OF DEATH (Inter only one cause per line for (a)) (b), and (c).] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.D. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.D. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.D. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.D. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.D. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.D. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.D. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.D. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.D. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.D. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO COURSE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G	-	7	where a l	7. MAKKIE		_		an last	birthday) M	-	
Clothing Store Preston County, Va. USA							,		S yrs.		
13. FATHER'S NAME	done d	uring most of wor	king life, even if retir	ed)					7.7		
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20e. ACCIDENT WA	AS UNDERLYING	20b. DES	CRIBE HOW INJURY OCCU	RED. (Ente	er neture of injury in	Part I or Part	I of item 1B.)				
	☐ CAUSE OF DEATH MEDICAL EXAMINER)										
20c. TIME OF INJUI		While	Not While		F INJURY (Home, far reat, office bldg., et		y or town)	(Cou	unly)	100	(State)
p.m.	19	at wor	k at work								
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saw the deceas	ed alive on	-//-	1962, and th	hat dea	th occured at.	OOAM from	n the causes	and on	the da	te state	d abov
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PUBLAL CREWATE			23c. NAME OF CEMETER	DY OR C			ATION (City, to				tate)
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FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		25a. RE		TRAR 255. RE	GISTRAR'S	SIGNAT	TURE	
Hervey	Leighe	1.	Hyndman,	Pa.	DATE	FEB 1	6 '62	arthu	1 8 9	Emes a	



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 07385 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) e. COUNTY b. COUNTY Maryland Allegany Allegany MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) P write RURAL end give neerest town) 18 Yrs Westernport Westernport within d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 119 Wood St. YES NO X 119 Wood St. 3. NAME OF First Middle 4. DATE Month Year DECEASED OF (Type or print DEATH Robinson Davis 10 1962 Feb. George 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED X IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR last birthday) and Months Male WIDOWED [DIVORCED [1.1889 physician 10e, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. 12. CITIZEN OF WHAT COUNTRY? BATHINAGE County & State, or foreign country) done during most of working life, even if retired U.S.A. Grocery Stote W. Va. Merchant 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 2 death affending Jonathan W.W. Davis Florence I. Murphy d 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address requires that the (Yes, no, or unkown) | (If yes give wer or detes of service) oval Mrs. Elton Gurley-Westernport. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET, AND DEATH Broncho-proumonis PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e Influenza Conditions, if any, which geve rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) HE EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) Not While Hour a.m. et work .19.6.2., and that death occured at 1.35.M, from the causes and on the date stated above. DIREC ATTENDING 22e. SIGNATURE DIRECTOR 22d. ADDRESS 22c. PHYSICIAN Piedmont. W. Va. Wilson Paul R. 23e. BURIAL, CREMATION, | 23b. DATE THEREO! 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Westernport Philos Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) Chilo 7 S. Thousa 15M 9/60 Westernport DATE FER

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MARYLAND STATE DEPARTMENT OF HEALTH

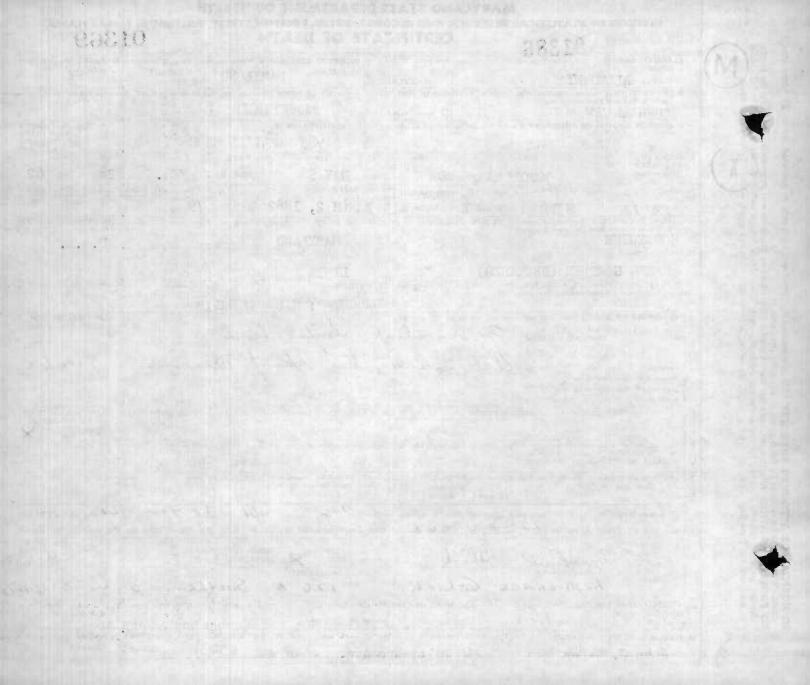
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11388

CERTIFICATE OF DEATH

01369

1. PLACE C	OF DEATH					2. USUAL	RESIDEN	CE (Where	deceased lived,		ion: Residen	ce before	dmission)
		EGANY		MARYI	LAND	e. SIAIL	MA	RYLAN	D 5. CO	ANI I	ATILEG	ANY	
b. CITY O	R TOWN (if RURAL end	outside corporate lim	its,	c. LENGTH OF STA	Y IN 1b	c. CITY O	R TOWN	If outside co	orporete limits, wr	ite RURA	L and give	neerest tov	vn)
CUM	BERLAI	D		30 year	S	02 0	CUMBEF	RLAND					
d. NAME	OF HOSPITA	AL OR INSTITUTION	if not in hos	pitel, give street addre	oss)	d. STREET	ADDRESS			TA.			ESIDENCE
		CRED HEART				98	33 MCA	MILLEN	HIGHWAY				A FARM?
3. NAME O		First		Middle		Last		4. DATI	E Mor	th	Dey	Yee	r
(Type or p	print)	MAR		ADA		DAVIS	3	DEAT	rh FEE	3.	28	19	62
S. SEX		6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8.	DATE OF BIRT	TH		9. AGE (In year		DER 1 YEAR	IF UNDER	
मुस्य	TALE	WHITE	WIDOWE			ARCH 2,	1882	2	last birthdey	Monti	hs Deys	Hours	Min.
10a. USUAL	OCCUPATIO	ON (Give kind of working life, even if retire	k 1Db. K	ND OF BUSINESS OR					or foreign country	() 12.	CITIZEN O	F WHAT	OUNTRY?
	EWIFE	ang lite, even it letile	oa)			MARY	TAND				TT	CA	
13. FATHER						14. MOTHER	a most of or Lone.	NAME			<u>U.</u>	S.A.	
ਸਾਸ	ED GO	RINER (DEC	EASED!		7.74	LYDTA	T	REACHY					
15. WAS DE	CEASED EVE	IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	D. 17. II	VFORMANT	L	mru OIII	Addre	55			
(Yes, no, or u	inkown) (lfy	esgive war or detes of s	ervice)			. מתריחונוטו	MITT	רו חייונו	ATTO				
18. CA	USE OF DE	ATH Enter only one	cause per li	ne for (e), (b), end (c)		UGHTER:	I'l Lat	DRFD D	AVIS		I INT	ERVAL BE	WEEN
	RT I. DEATH	WAS CAUSED BY:	-2	0	0	Land	1	1 -	. ,			ISET AND	
111	1 1	AMEDIATE CAUSE (a)	1	joenese	Carl.	- A	are-	Legre					
1	1	DUE TO	R	1 1	1	+	16.	1-	Di	- /			1.
	ns, if eny, to immedie		ur	was	lle.	und,	Acres	1	and - Barbara .	and -		un	u
	ing the un												
cause la) (c)											
Z PAR	T II. OTHER	SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH	BUT NOT	RELATED TO	THE TERMI	NAL DISEAS	E CONDITION G	VEN IN	PART 1(e) 1		RMED?
3												YES	NO 🔀
OR CON	TRIBUTING [S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	2Db. DES	CRIBE HOW INJURY C	CCURED.	(Enter neture o	of injury in	Part I or Per	t II of item 18.)				
0	AE OF INJUR	Y Month, Day, Ye				E OF INJURY			City or town)		(County)		(Stete)
AFD H	our e.m.	19	While at world	Not While	10010	17, 311001, 011100	biog., oic	'					
21. 6	ertify th	at (I) (this hospi	tal) attend	ded the deceased	l from	aug		19601. 1	0 28 7	ch-	1962	hat (1) (we last
saw th	e decesse	d alive on 24	Qu	W 1962 a	nd that	death occur							
	GNATURE	G 01170 011			ild IIIdi		100 01		Jili Illo Causes	and	OII 1110 G		DATE
	400	5 : 0 6		0:0		ATTENDIN		MED. DIRECTOR	STAFF PHYS.			0/	SIGNED
22c. PH	YSICIAN'S	grecon	_ ~	- e	M.I	22d. ADI		ZINE CI OK			-	2/	28/62
	ME (Type)	L. MICHA	EL	Cehick		12		. S.	nALLw	500	, C.	OMBE	RLAN
		N, 23b. DATE THE	REOF	23c. NAME OF CE	METERY C	R CREMATOR	Υ	23d. LC	CATION (City, t	own or c	ounty)	(S	tete)
Buria	L (Specify)	3/2/6	2	HILLCREST	BURT	AT. PARI	K	Cur	berland	Man	rvland	3	
24 FUNERAL	-	SIGNATURE		ADDRESS		المحادث المنافضة			ISTRAR 256. R	EGISTRA	R'S SIGNAT	TURE	
Joh	ın J.	Hafer		230 Baltim	ore.A	ve.	DATE I	IAR 5	'62	inim	1 8. Th	aug:	
- 001	-21 04	12004 04		Cumberlan	a, The	ryland.		No. of Contract of					

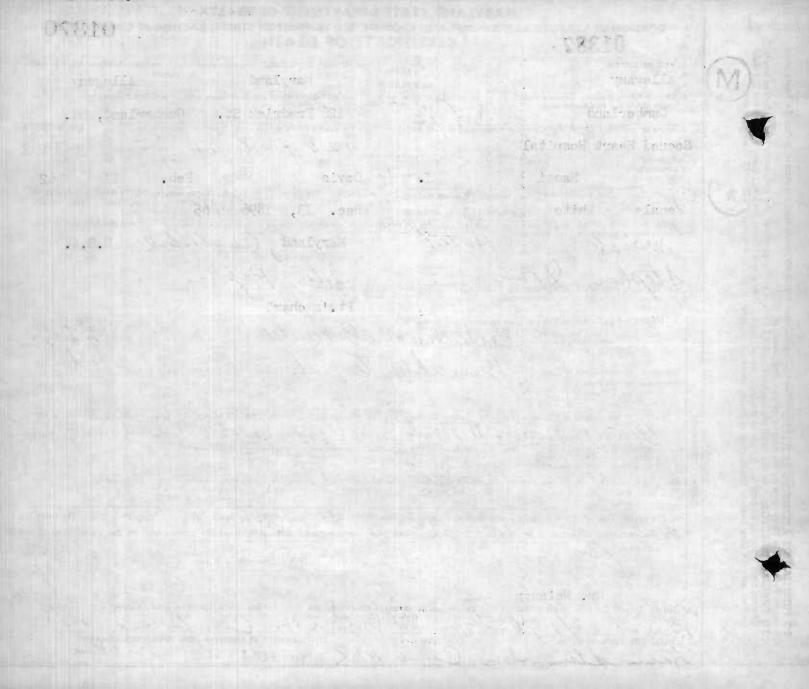


VR A15 (4) 1SM 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY 1387 CERTIFICATE OF DEATH 01387

. :							
	1. PLACE OF DEATH a. COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Allegany					
	b. CITY OR TOWN (if outside corporate limits,	c, CITY OR TOWN (If outside corporate limits, write RURAL end g	give nearest town)				
	Cumberland Life Quite fredrick St. Cumberla						
7	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give areet address)	d. STREET ADDRESS	e. IS RESIDENCE				
\sim	Sacred Heart Hospital	126 Frederick St	YES NO 3				
	3. NAME OF First Middle DECEASED	Last 4. DATE Month OF	Day Year				
	(Type or print) Naomi I.		I 1962				
1	S. SEX 6. COLOR OR RACE 7. MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YI	EAR IF UNDER 24 HRS.				
1	Female White WIDOWED DIVORCED	Dec. 13, 1896 65 yrs. Months Da	Hours Min.				
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZE	EN OF WHAT COUNTRY?				
	marcho Hotel	Maryland Cumberland	U.S.A.				
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	1+1 0	11. 12.13					
-	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	San Figer					
	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yes, no, onunkown) (Ifyesgivewerordatesofservice)	INFORMANT Address					
		Pt.'s chart					
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	0.0 1	INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Metrutton	n las				
		. 2 1					
	DUE TO COLOR DE	The Decha 2	7 dans				
	Conditions, if any, which gave rise to immediate cause	avourous					
	(a), stating the underlying DUE TO						
	cause last. (c)						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	(e) 19. WAS AUTOPSY PERFORMED?				
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO COURT OF CONTRIBUTING TO DEATH BUT NO COURT OF CONTRIBUTING CAUSE OF DEATH 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	is Corderraseeta lesas	YES NO				
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH	. (Enter neture of injury in Pert I or Pert II of item 18.)					
	(IF EITHER, NOTIFY MEDICAL EXAMINER)						
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County	y) (Stete)				
	D Hour a.m.	ory, street, office bldg., etc.)					
			-2				
	21. I certify that (I) (this hospital) attended the deceased from	October 196 to Feb 11 196	, that (I) (we) last				
	saw the deceased alive on	death occured at	e date stated above.				
	22a. SIGNATURE	and the same of th	22b. DATE				
	- flever man	D ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	13/(2 SIGNED				
	22c. PHYSICIAN'S	22d. ADDRESS	1 0 .				
	NAME (Type) Dr. Weisman	5th GHOLLOST Church	eloud, lu				
		OR CREMATORY 23d. LOCATION (City, town or county)	(State)				
	238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	THE CALL DESCRIPTION OF COUNTY	mo				
	During 4/0/62 Commanuel 1	Jeh, Comi Cumberla	1119				
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG					
6	Javis Stern Inc. Cumb . 1.	7 R DATE FEB 1 9 '62 arthur S.	/ CLAMPS				



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If Institution: Residence bafore admission) . COUNTYALLEGANY a. STATEMARYLAND b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give neerest town) CUMBERLAND HRS.25 MIN LA VALE. MARYLAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS MEMORIAL HOSPITAL 6 NATIONAL HIGHWAY 3. NAME OF 4. DATE Middle Last DECEASED MARSHALL (Type or print) DEREMER DEATH J. **FEBRUARY** 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR | 8. DATE OF BIRTH ast pirthday) MALE MARCH WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) CUMBERLAND, MARYLAND MONARCH PRINTING 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME RANDOLPH DEREMER MAUDE E. BANE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give war or dates of service) MEMORIAL HOSPITAL - CUMBERLAND, MARYLAND 18. CAUSE OF DEATH [Enter only one carse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: JOSSELLE IMMEDIATE CAUSE (a) DUE TO geva risa to immediate causa DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Yeer factory, street, office bldg., etc.) Hour a.m. Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from white 22a. SIGNATURA ATTENDING PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S HYNDMAN. PA. director, be filed 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) near Cumberland, Maryland Rest Lawn Burial Park Buria? 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) FEB 5 John J. Hafer, Cumberland, Maryland 15M 7/61 DATE

MARYLAND STATE DEPARTMENT OF HEALTH

ALLEGANY

. IS RESIDENCE ON A FARM?

YES NO F

19

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

perox 20km

19. WAS AUTOPSY

PERFORMED? NO J

(State)

22b. DATE

(Stata)

SIGNED

U.S.A.

(County)

Cittury S. Herres

IF UNDER 24 HRS.

62



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page that he retained by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 7/61 MARYLAND STATE DEPARTMENT OF HEALTH

7117	WILLIAM SIVIL AL		
DIVISION OF STATISTICAL RES	EARCH AND RECORDS,	301 W. PRESTON STREET	, BALTIMONEIL MARYLAND
DIVISION OF STATISTICAL RES	CERTIFICATE	OF DEATH	OTOLS

- 1		
1	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased livad, If institution: Residence before admission)
/	ALLEGANY MARYLAND	a. STATE MARYLAND ALLEGANY ALLEGANY
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
	write RURAL and give nearest town) CUMBERLAND 7 DAYS	62 CUMBERLAND
0	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS a, IS RESIDENCE ON A FARM?
	MEMORIAL HOSPITAL	121 HUMBIRD STREET YES NO X
	3. NAME OF James First E. Dyche	4. DATE Month Day Yaar
	(Type or print) - Jailles	VC/12 DEATH FEB. 12 1962
	5. SEX 6. COLON OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
	MINIE VIII C WIDOWED DIVORCED	MAN. 31, 1894 67 yrs. 100111 100111
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CTTIZEN OF WHAT COUNTRY?
	Retired Machinist Railroad	MAGNOLIA. W.VA. U.S.A.
-	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
L	JAMES H. DYCHE	JANE REXRODE
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	INFORMANT Address
	NOT OO OVER	MEMORIAL HOSPITAL, CUMBERLAND. MD.
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	NTÉRVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	NERNIIS
	HILL DUE TO 17 T.	
	Conditions, if any, which) (b) HT1870	Scherosis
	geve rise to immediate ceusa	
	(a), stelling the undarrying	Λ
7	(6)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY
0	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OF CONTRIBUTING TO DEATH BUT NO OR CONTRIBUTING TO CAUSE OF DEATH OF CONTRIBUTING TO DEATH BUT NO OF CONTRIBUTING TO DEATH BUT	Dadder Under Control YES IN NO MA
	200. ACCIDENT WAS UNDERLYING VOID DESCRIBE HOW INJURY OCCURED	O. (Enter neture of injury in Part I or Pert II of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH	. ILINOV HOLDIE OF HIJELY III FAIL FOR HOM 10.
		ACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (Stelle)
		ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stele) tory, street, office bldg., etc.)
	p.m. 19 at work at work	
	21. I certify that (I) (this hospital) attended the deceased from	
	saw the deceased alive on 7 19.02 and that	death occured at
	222. IGNATURE	ATTENDING MED. STAFF SIGNED
	Manyor Allowson "	I.D. PHYS. DIRECTOR PHYS.
	22c. PHISICIAN'S NAME (Type)	22d. ADDRESS
	toward . 1012si	1 17.1 > CENTED WMYCH and
	238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stete)
	Burial Feb. 15, 1962 Davis Memo	orial Cemetery Cumberland, Md.
1	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
No	James F. Scarpelli, Cumberland, Md	DATE FER 1 5 '62 Com S. Thous

THE STATE OF STREET

JAMES H. LYCHE

PATISTON DESIGNATION DA

8Y 11 7

157, 31, 1091

TARRIED NO. NO. NO.

US-DB-SEES NEWORIAL HOSPITAL, CENEURLAND, NO.

James I. Scarpells, comperions, MG.

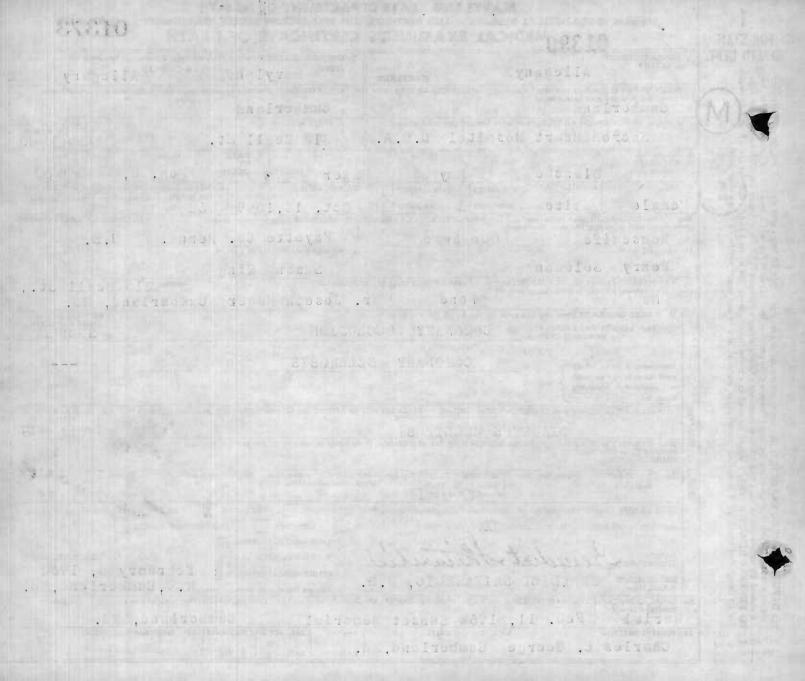
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5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 0120 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

CLU3U		
1. PLACE OF DEATH a. COUNTY Allegany	2. USUAL RESIDENCE (Where deceased lived, If institution: Re a. STATE Money I and b. COUNTY	
MARILAND		egany
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Cumberland	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	a. IS RESIDENCE
Sacred Heart Hospital D.O.A.	318 Beall St.	YES NO K
3. NAME OF First Middle DECEASED	Last 4. DATE Month OF	Day Year
(Type or print) Blanche Amy	Hager DEATH Feb. 8,	19 62
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF SIRTH 9. AGE (In years IF UNDER 1 Y	
Female White WIDOWED X DIVORCED	Oct. 14, 1899 62 yrs. Months Di	Bys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
Housewife Own home	Fayette Co. Penna. U	.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	• • •
Henry Solomon	Susan King	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.		Beall St.,
(Yes, no, or unkown) (Ifyesgive war or dates of service) None M	r. Joseph Hager Cumberland	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: CORONARY OCC	CLUSION	SUDDEN
DUE TO		
	SCLEROSIS	
gave rise to immediate cause		
(a), stating the underlying cause last.		
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART T	(a) 19. WAS AUTOPSY
DIABETES MELLITUS		PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO DIABETES MELLITUS 208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 208. CAUSE OF DEATH.	(Enter nature of injury in Part I or Part II of Item 18.)	
	ACE OF INJURY (Home, farm, 20f. (City or town) (Count ctory, street, office bldg., etc.)	y) (State)
21. I certify that I took charge of the remains described above, h	eld an Autopsy , Inspection X, Inquiry X,	and in my opinion
death resulted from: Natural causes XX Accident . Suid	cide , Homicide , Undetermined manner	
, , ,	CHIEF MEDICAL EXAMINER	
SIGNATURE Benedict Sketarelic	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S BENEDICT SKITARELIC, M.I.	D. DEPUTY MEDICAL EXAMINER Tebruary Address (Street, city, town, or county) R. 9, Cumbe	
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O		(State)
Burial Feb. 11, 1962 Sunset M	emorial Cumberland, M	
23. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	
Charles L. George Cumberland, M	d. DATECT 13 162 aring 8. 1	traus



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IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certified to the page that the death certified by the hospital or attending physician.	TO	D	Φ
V	R A SM	0/4	(4) 50 \
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MARYLAND STATE DEPARTMENT OF HEALTH

	Division	01391	CERTIFICA	TE OF DEATH	I STREET, BALTIMO	013	74
	PLACE OF DEATH			2. USUAL RESIDEN	ICE (Where decessed lived, If i	institution: Resident	e before admission)
	e. COUNTY			a. STATE	b. COUN		
	Allegany		MARYLAND	Maryland	Alleg	env	
		outside corporete limits,	c. LENGTH OF STAY IN 18		(If outside corporete limits, write		neerest town)
	Cumberlar	give neerest town)		Cumberland	02		
	d. NAME OF HOSPIT	AL OR INSTITUTION (if no	ot in hospitel, give street eddress)	d. STREET ADDRESS			e. IS RESIDENCE
							ON A FARM?
	22I N.	Lee St.		22I N. Le			YES NO
3.	NAME OF DECEASED	First	Middle	Lest	4. DATE Month	Day	Year
	(Type or print)	Amma	73		OF DEATH		19 600
_		Anna	E .	Heller	Feb.	IO.	IF UNDER 24 HRS.
5.	SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yeers last birthday)	IF UNDER 1 YEAR	
	Female	FELLAL OC	VIDOWED H	Sept. 9. 187	78 83 yrs.	Months Deys	Hours Min.
		ON (Give kind of work king life, even if retired)	10b. KIND OF BUSINESS OR INDUS	TRY II. BIRTHPLACE (Cou	nty & State, or foreign country)	12. CITIZEN O	F WHAT COUNTRY
-	Housewife			Lonaconir	Maryland RAME	U.S.	4_
13.	Charles						
15		Fredericks	S? 16. SOCIAL SECURITY NO. 17.	Mary Anna	Stewart Address		
(Ye	es, no, or unkown) (If	yes give war or dates of servi	ice)	INFORMANT	Address		
-	NO I	FATH (Enter only one ca	use per line for (e), (b), and (c).	diss Mildred N	4. Heller 221	I N. Lee	St.
		WAS CAUSED BY:	N	1			SET AND DEATH
		MMEDIATE CAUSE (a)	Carcinon	cocos			
	100	DUE TO	Care	as Cal	Pore		1400-
	Conditions, if any	101	Carenome	7			1
	geve rise to immedia (a), stating the un	DITE TO		0			
	couse last.						
_) (c)	NE CONTRIBUTING TO DEATH BUT	LOT OF ATER TO THE TERM	NAL DISTASS CONDITION ON	This is a part of the	VAROALITORSY
l o	PART II. OTHER	SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE CONDITION GIV	EN IN PART I(e) 1	PERFORMED?
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5	DO. ACCIDENT MA	LE LINDERLYING ET L O	OF DESCRIPT HOW INHIBY OCCUP	ED /Enter - store of information	Don't on Don't II of them 19)		- A
CERTIFICATIO	OR CONTRIBUTING	CAUSE OF DEATH	Ob. DESCRIBE HOW INJURY OCCUR	ED. (Enter neture of injury in	ren i or ren ii or item io.,		
ü	(IF EITHER, NOTIFY	MEDICAL EXAMINER)					
1	20c. TIME OF INJUI	RY Month, Dey, Yeer	20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, far	m, ! 20f. (City or town)	(County)	(Stete)
MEDIC	Hour a.m.		111116 - 1101 111110	actory, street, office bldg., etc	c.)		
X	p.m.	19	et work at work				
	21. I certify th		attended the deceased from		19 60 to 6726	, 1963 H	hat (I) (we) las
	saw the deceas	ed alive on 🥝 ७	1962, and th	at death occured at		and on the da	
	22a. SIGNATURE	· a	0 21000		MED. STAFF	1.7	22b. DATE
	d	necles	and Glick	m.b.	DIRECTOR PHYS.	1072	6-62
	22c. PHYSICIAN'S NAME (Type)	/	L. Michael Glick	22d. ADDRESS	Smallwood St. (lumberl on	a mai
		112 112	Marchael Gile	L LLU No 1	andranood bus (Join Del Tall	er a mrra
23	BURIAL, CREMATIC	ON, 236. DATE THERE	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City, toy	vn or county)	(Stete)
1	Buriel (Specify)	2/13/62	2 Hillcrest	Cem	Cumberle	al m	d.
24	FUNERAL DIRECTOR	S SIGNATURE	ADDRESS	. ()	C'D BY REGISTRAR 25b. REC	.4	TURE
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA 01392 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare daceesad livad, If institution: Residence before admission) e. COUNTY files. Health, b. COUNTY Allegany

b. CITY OR TOWN (if outside corporete limits, Allegany Maryland MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) writa RURAL and give naarast town) Cumberland Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? retained he State B and 3 to the funer 624 Greene St. 624 Greene St. YES NOX 3. NAME OF Middle 4. DATE DECEASED OF Page 5 may be refamed 2 with the (Type or print) February 1962 James Smith Helman 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months WIDOWED DIVORCED T May 20, 1884 Male 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ould be executed within 24 hours aft in pencil in Item 18. Give Pages 1, 2 Office along with form PM3. Page dona during most of working life, evan if retirad) Accountant Schmidt Bakery Cumberland, Md. U.S.A. pages | 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME File Joseph F. Helman Elizabeth Alsip Office along with form burial-transit permit. File event 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyas giva war or dates of sarvica) Mrs. Maude S. Helman, Cumb. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY, OCCLUSION. IMMEDIATE CAUSE (a) CORONARY SUDDEN DUF TO certificate should Conditions, if any, which CORONARY SCLEROSIS WITH THROMBOSIS "pending" gave rise to immadiata cause DUE TO the certificate, writing the word "pending warded to the Chief Medical Examiner' DIRECTOR: Page 3 should be used as (e), steting the underlying cremation, o cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO 4 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of Injury in Pert I or Part II of itam 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Yaer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) fectory, street, offica bldg., atc.) While Not Whila Hour e.m. prior et work et work 21. I certify that I took charge of the remains described above, held an Autopsy [X]. Inspection X Inquiry X and in my opinion death resulted from: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ASSISTANT MEDICAL EXAMINER lease execute should be for FUNERAL DATE SIGNED SIGNATURE February 6, 196 2 DEPUTY MEDICAL EXAMINER EXAMINER'S DEPUT NAME (Type) BENEDICT SKITARELIC, M.D. Addr DN.I. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Addrass (Street, city, town, or county) R9 Cumberland . Md. 22a, BURIAL, CREMATION. 22d. LOCATION (City, town, or country) REMOVAL (Spacify) 040 g 2/8/62 Cumberland, Md. Rose Hill Cemetery Burial 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME Citimo & France

ARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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1.	PLACE OF DEATH	V=000				DENCE (Where	deceesed lived, If		ce before a	dmission)
	. 7	legany		MARYLAND	e. STATE	arvlan	b. coun	Alles	any	
	b. CITY OR TOWN (ii	outside corporate limit	s,	c. LENGTH OF STAY IN 1			corporete limits, write	RURAL end give	neerest tow	'n)
	Cumberla	give neerest town)		70 yrs.	02 Cu	mberla	nd			
	d. NAME OF HOSPIT	AL OR INSTITUTION (in	f not in hoss	pilal, give street address)	d. STREET ADD	RESS				ESIDENCE A FARM?
	The Real Property lies and the last of the	Heart Hos	pita.	1	1		ant St.			NO.
	NAME OF DECEASED	First		Middle	Last	4. DAT	E Month	Dey	Yeer	
	(Type or print)	Ma	ry	Eliza	Housewort		TH Fel	b. 5	196	32
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In yeers last birthdey)		IF UNDER	
F	'emale	White	WIDOWE	DIVORCED [July 24,	1884	77 yrs.	Months Deys	Hours	Min.
10e	. USUAL OCCUPATI	ON (Give kind of work king life, even if retired	10b. KI	ND OF BUSINESS OR INDU			or loreign country)		F WHAT C	OUNTRY?
	Housewi			wn Home	Harpers	Ferry	, W. Va.	• USA		
13.	FATHER'S NAME				14. MOTHER'S MA	IDEN NAME				
	C	yrus H. I	Fishe	r	La	aura V.	Barger			
15. (Ya	WAS DECEASED EVE	R IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17			Address		25.5	
110	no	Ae2 2 1 4 6 Me1 01 Ge182 01 26	at AtCe)		Ars. Howar	rd Fish	ner, Cum	berland	, Md.	•
		EATH [Enter only one	ceuse per li	ne for (e), (b), end (c).]	- /	2	1	IN	ERVAL BET	WEEN
		WAS CAUSED BY:	(1)	noneny"	hromb	osiz 6	hetare	tion	X hi	LA
	hope in A	DUE TO			hromb					
	Conditions, if eny	8.7		Motens	selero	200		110	54	122
	geve rise to immedia	ete ceuse		Coocie					-	
	(e), steting the unceuse lest.	derlying DUE TO								
z		SIGNIFICANT CONDIT	IONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEA	SE CONDITION GIV	EN IN PART 1(e)	9. WAS A	UTOPSY
OIT									PERFO	RMED?
FICA	20a. ACCIDENT WA	AS LINDERLYING [7]	20h DES	CRIBE HOW INJURY OCCUI	ED. (Enter nature of inju	ry in Pert I or Pe	ert II of item 18.)		153 []	NO E
L CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	200. 013	CRISE HOW HOOK! OCCO.	est femal metals of mile					
WEDICAL	20c. TIME OF INJU	RY Month, Day, Yea	r 20d. I While		LACE OF INJURY (Home		City or town)	(County)		(Stete)
MED	Hour a.m. p.m.	19		et work					333	
	21. I certify the	nat (I) (this hospit	al) attend	ded the deceased from	But. 5	1962	10 FS6 5	196 7	hat (I) ((we) last
	saw the deceas			5 1967 and th		ar 43 M, fr	om the causes	and on the d	ate stated	d above
	22e. SIGNATURE	1 4	1	/	A TTT I DINIG	MED.	CTAFF		7 A2b	DATE
	C	ayl.	25	wet	M.D. PHYS.	DIRECTOR	THYS.		75	6Z
	22c. PHYSICIAN'S				22d. ADDRESS				2 1/2	
	NAME (Type)	Dr. Cla	y E.	Durrett, MD	236 Vi	rginia	Ave. Cu	mperlan	a, Ma	•
23a	BURIAL, CREMATI	ON, 236. DATE THER	EOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. L	OCATION (City, to	wn or county)	(5)	tete)
	REMOVAL (Specify) Burial	Feb.8,	1962	Greenmount	Cemetery	Cui	nberland	. Md.		
24	FUNERAL DIRECTOR					REC'D BY REG		,		
				ADDRESS		. KECD DI KE	GISTRAR 256. RE	GISTKAK S SIGNA	TURE	
			i, Ci	umberland, M		FER 1.3 '6		hun S. Ham		

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FOR STATE ctor. Page salth. necessary, files. TO DEPUTY. DICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with The State Bog or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hour felter death.

> VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 0137

*. COUNTY Allegany. MARYLAND	STATE W.Va. b. COUNTY Mineral						
b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town) Cumberland Maryland.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) Short Gap. 85 X - 3						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Memorial Hospital.	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO						
3. NAME OF First Middle DECEASED (Type or print) CATHRYN H	UTTON 4. DATE Month Dey Year OF DEATH 2 - 8 - 19 62						
7. MARKIED A NEVER MARKIED	8. DATE OF BIRTH 12 -25 -1897 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS, Months Deys Hours Min.						
Os. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife.	Williamsport , Pa. 12. CITIZEN OF WHAT COUNTRY U.S.A.						
WARREN STOUCK.	MARY ALICE Gilmore.						
S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. Yes, no, or unknown) (Ifyesgivewerordatesofservice) 185-09-3887.	r.Cyrus Calvin Hutton. Short Gap, W.Va.						
DUE TO	SCLEROSIS SUDDEN						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N HYPERTENSIVE CARDIOVA	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO TERMINAL DISEASE NO TERMINAL DISEASE NO TERMINAL DISEASE NO TERMINAL DISEASE PERFORMED? YES NO TERMINAL DISEASE NO TERMINAL DISEASE NO TERMINAL DISEASE						
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED While Not While et work at work 20f. (City or town) (County) (Stete)							
21. I certify that I took charge of the remains described above, he death resulted from: Natural causes . Accident . Suitarual	CHIEF MEDICAL EXAMINER						
20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CREMOVAL (Specify) 2/II/62 Lehmansville	CEMATORY 22d. LOCATION (City, town, or country) (State) Cematery. Lahmansville, W.Va.						
23. FUNERAL DIRECTOR J.Blaine Schaeffer. Petersburg, W.	Va. 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Little & Florida						

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ISS-09-3887, Mr. Cyrne Calvin detton. Short dar, M. Te.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE MARKING NO MEDICAL EXAMINER'S PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) a. COUNTY b. COUNTY Allegany Maryland Allegany MARYLAND STELLING TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, write RUR 19 19 19 (peerest town) c. LENGTH OF STAY IN 16 o o Ruræl Frostburg Frostburg Rurel d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d. STREET ADDRESS State Boar . IS RESIDENCE ON A FARM? YES NO 3. NAME OF First Middle 4. DATE Month Dey DECEASED OF (Typa or print) William DEATH Hvde 62 February 19 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months WIDOWED Y Male DIVORCED August 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stele or foreign country) 12. CITIZEN OF WHAT COUNTRY? 'in pencil in Item 18. Give Pages 1, 2 Office along with form PM3. Page burlal-transit permit. File pages 1 an done during most of working life, even if retired? Retired Miner

13. FATHER'S NAME Coal Mine pages 1 Barton, Maryland

14. MOTHER'S MAIDEN NAME U.S.A. Mary Sugars 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) | (Ifyasgivewarordatasofservice) Lonaconing, Sherman Hyde 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] "Son" ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which "pending" gave rise to immediata cause 0 Medical Examiner's DUE TO (a), steting the undarlying ŏ cremation, o causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 179, WAS AUTOPSY CERTIFICATION the certificate, writing the word warded to the Chief Medical E VIRECTOR: Page 3 should be PERFORMED? DESCRIBE HOW INJURY OCCURED. (Enter netura of Injury, In Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS TOR: Page 3 should to burial, of PRIMARY OF CONTRIBUTING 20c. TIME OF INJURY 20d. INJURY OCCURRED Month, Day, Yaar 20. PLACE OF INJURY (Homa, ferm. 20f. (County) (State) While Not While et work at work 21. I certify that'l took charge of the remains described above, held an Autopsy Sease executed me designated to a should be forwarded to be EUNERAL DIRECTO or its designated agent, p Inspection/ and in my opinion Natural causes Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) Address (Street, city, town, or county) 22a. BURIAL, CREMATION 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) 940 g Cemetery Moscow N 240. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE Burial Laurel 23. FUNERAL DIRECTOR VS. A15ME 5M 9/60 George Eichhorn Lonaconing, Md. Orthur & Hours DATE FER

RYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

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2 mg		2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmissio e. STATE Maryland b. COUNTAILegany
es 1 and	write RURAL end give neerest town) Westernport	c. CITY OR TOWN'(If outside corporete limits, write RURAL end give neerest town) Cilmore-R*F*D #1 Frostburg, MD.
hours	in auto enroute from his home to Dr.	ON A FARM
hin 72	DECEASED (Type or print) THOMAS	NSON OF DEAP 13 /1962 19
ent, wil	Male White WIDOWED DIVORCED	DUBLIES COUNTAILLE ADDRESS O. STATE MARYLAND DUBLIES COUNTAILLE AND COUNTAILLE AND COUNTAILLE ADDRESS O. STATE MARYLAND C. CENDRITH IN IN IN IN IN IN IN INFORMANT OF THOMAS O. CORN OR RACE 7. MARRIED NEVER MARRIED STATE STATE
, iii	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1.aborer 13. FATHER'S NAME	Lonaconing, MD. U.S.A
in diameter I	Mose Johnson	Barbara Cutter
removal, a	(Yes, no, or unkown) (Ifyes give weror detes of service)	
as the burial-transit p to burial, cremation,	Conditions, if eny, which gave rise to immediate cause (e), stating the underlying cause lest. Conditions, if eny, which gave rise to immediate cause (e), stating the underlying cause lest.	PERFORMED?
or for use of the prior	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCIDENT RIBUTING CAUSE OF DEATH 300. ACCIDENT WAS UNDERLYING 100. DESCRIBE HOW INJURY OCCIDENT RIBUTING 100. DESCRIBE HOW INJURY OCCIDENT RIBUTING 100. DESCRIBE HOW INJURY OCCIDENT RIBUTING 100. DEATH BU 300. ACCIDENT WAS UNDERLYING 100. DESCRIBE HOW INJURY OCCIDENT RIBUTING 100. DEATH BU 301. ACCIDENT WAS UNDERLYING 100. DESCRIBE HOW INJURY OCCIDENT RIBUTING 100. DEATH BU 302. ACCIDENT WAS UNDERLYING 100. DESCRIBE HOW INJURY OCCIDENT RIBUTING 100. DEATH BU 303. ACCIDENT WAS UNDERLYING 100. DESCRIBE HOW INJURY OCCIDENT RIBUTING 100. DEATH BU 304. ACCIDENT WAS UNDERLYING 100. DESCRIBE HOW INJURY OCCIDENT RIBUTING 100. DESCRIBE RIBUT	Land Land
t. of Hea	Hour e.m. While Not While	
ate Dep		
with the St	22c. PRYSICIAN'S NAME (Type)	22d. ADDRESS
filed	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMET	RY OR CREMATORY 23d. LOCATION (City, town or equaty) (State)
£	REMOVAL (Specify) 3/5/1962 Old Coney	Cemetery Lonatoning, MD.
61	TOTAL	G. M. = 7 160

MARYLAND STATE DEPARTMENT OF HEALTH

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STATE ector, Page your files. of Health, necessary, TO DEPUTY DICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is please executed the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boar or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01398 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01381 01381

e. COUNTY		2. USUAL RESIDENCE (W			before edmission
Allegany	MARYLAND	o. STATE Maryland	b. COUNT	Allegany	
b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town) Cumberland	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	le corporate limits, write l	URAL end give nee	erest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospital, give street eddress)	d. STREET ADDRESS		1	e. IS RESIDENCE
	mosphol, give shoel eduless,	G. STREET ADDRESS			ON A FARM?
107 N. Johnson St.			usetts Ave.		AEZ NO K
3. NAME OF First DECEASED (Type or print) William	Middle Franklin Kern s	Last 4. D.	ATE Month F EATH Februar	Doy 23	Yeer 1962
		. DATE OF BIRTH	9. AGE (In years I		UNDER 24 HRS.
111111111111111111111111111111111111111		uly 18, 1908	53 yrs.		Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	. KIND OF BUSINESS OR INDUSTR	Y 11. BtRTHPLACE (Stelle or fore	gn country)	12. CITIZEN OF	WHAT COUNTRY
Foreman (Retired) B&	O Railroad	Cumberland, Mo		U.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			BILL HAR
Pint Kerns		Sarah Jane Robi	nson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17.	NFORMANT	Address		
(Yes, no, or unkown) (If yes give we ror dates of service)	Africa	a mallan T V-	mna Gumban	land Md	
NO 18. CAUSE OF DEATH [Enter only one cause p.		s. William F. Ke	rns, cumber		VAL BETWEEN
PART I. DEATH WAS CAUSED BY:	at time for (e), (b), end (c).}			ONSE	T AND DEATH
IMMEDIATE CAUSE (a)	Coronary Occlus	sion		Su	dden
DUE TO					
Conditions, if any, which (b)	oronary Scleros:	9		-	
geve rise lo immediate cause	or order a corer on.				
(e), stating the underlying					
(0)	ONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DIS	SEASE CONDITION GIVEN	J IN PART 1/a) 119	WAS AUTOPSY
E PART II. OTHER SIGNIFICANT CONDITIONS C	ONING TO BEATH BOT INC	THE RELATED TO THE TERMINAL DIS	TEASE CONDITION GIVE		PERFORMED?
<u>\(\) \</u>				YES	NO X
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	CRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pe	ort II of ilem 18.)		
		CE OF INJURY (Home, ferm, 20)	(City or town)	(County)	(Stete)
∑ p.m. 19 et v	work et work			140	
21. I certify that I took charge of the r	emains described above, he	eld an Autopsy , Inspe	ction X, Inquiry	X, and in	my opinion
death resulted from: Natural causes			Undetermined mai		
		. CHIEF MEDICAL EXAMIN			
ACTUAL NO 1	-11-1		_ 2/	23/11-	TE SIGNED
SIGNATURE LENG CICK	skelarele		11	- JELDA	re signed
EXAMINER'S De Donnell of Cl	A 7.4 .	DEPUTY MEDICAL EXAM	INER 7	90	1000 5
NAME (Type) Dr. Denedict Sk		Address (Street, city, to		Cum	- Jan
22e. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OF	R CREMATORY 22d.	LOCATION (City, town,	or country)	(Stete)
Burial 2/26/62	Davis Memorial		berland, Md.		
27. FUNERAL DIRECTOR	ADDRESS	24e. REC'D BY I	REGISTRAR 246. REGIS		
Tour String Up 117 France	erick St. Cumb.	Md. DATE FEB 2	3 '62	was S. Kinera	
DILLO MOCKETAL) IL! ITEU	STYCK DOS CHIIDS	I DATE		ALI. PULLULAS	

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HARMEN NO.

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY Allegany MARYLAND Maryland Allegany c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carporote limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) Frostburg, M Frostburg e. IS RESIDENCE d. NAME OF HOSPITAL (If nat in hospital, give street oddress) d. STREET ADDRESS ON A FARM? OR INSTITUTION Miners Hospital, Frostburg, Md. YES NOW 4. DATE NAME OF First Middle last Month Day OF DEATH Kight Feb. 19 62 (Type or print) Casper 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH DIVORCED T Sept. 2. 1875 White WIDOWED Male 10o. USUAL OCCUPATION (Give kind af wark dane during most af warking life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign cauntry) 12. CITIZEN OF WHAT COUNTRY? own- retired Grocery Store owner 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 2 Adams Eliza Josh 17 INFORMANT Address IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Theodora Kight INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) 20 vrs.? **DUE TO** Canditions, if any, which gove rise to immediate DUE TO cause (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO R None 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTES MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II af item 18.) XXXX 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City ar tawn) (Stote) 20c. TIME OF INJURY Day, Year factory, street, office bldg., etc. while of work or work XXXX 21. I certify that (1) (this hospital) attended the deceased fram Feb. 2 1962, ta Feb. 23 1962, that (1) (we) last ___1962., and that death accurred at \$2250, from the causes and an the date stated above. saw the deceased alive an Feb. 23 22a. SIGNATUR STAFF PHYS. DIRECTOR [22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Martin M. Rothstein M.D. 48 Broadway, Frostburg, Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) 2/26/62 Philos Cemetery Westernport 0 25b. REGISTRAR'S SIGNATURE ADDRESS 25g. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR'S SIGNATURE Piedmont, W.Va. DATE FER 2 6 '62 Chima & Kraus

death.

RYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN CERTIFICATE OF DEATH	M	ARYLAND STATE DEPARTMENT OF HEALTH	
OT ZOO CERTIFICATE OF DEATH U138	DIVISION OF STATISTICAL F	RESEARCH AND RECORDS, 301 W. PRESTON STREET,	BALTIMORE 1, MARYLAND
	01400	CERTIFICATE OF DEATH	01383

	- 44 3 0 0		
1.	PLACE OF DEATH a. COUNTY ALLEGANY MARYLAND	a. STATE MARYLAND b. COUNTY AL	idence before admission) LEGANY
	b. CITY OR TOWN (if outside corporate fimils, write RURAL and give nearest town) FROSTBURG	c. CITY OR TOWN (If outside corporate limits, write RURAL and g FROSTBURG	ive neerest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ROUTE 2	d. STREET ADDRESS ROUTE 2 - CONSOLIDATI	ON YES NO X
3.	NAME OF First Middle DECEASED (Type or print) HARRY G.	LEWIS DEATH FEBRUARY	16. 19 62
5.		DATE OF BIRTH 9. AGE (In years IF UNDER 1 YE	7 .,
	MALE WHITE WIDOWED DIVORCED J	AN. 10, 1901 Stricthday) Months Day	ys Hours Min.
de	BALLISTICS LAB. FATHER'S NAME	MARYLAND U.	S . A .
13		14. MOTHER'S MAIDEN NAME	
15	DAVID G. LEWIS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	MARTHA JONES	
(4	es, no, or unkown) (lfyes give wer or detes of service) 214-05-9859 MR		D. BOX 58
	Library Colleges and Colleges a	heart direct	MTERVAL BETWEEN ONSET AND DEATH Nom / When
NO	(a), stating the underlying DUE TO cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OF RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 14	e) 19. WAS AUTOPSY PERFORMED?
CATI			YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter nature of injury in Part I or Part It of item 18.)	
MEDICAL		CE OF INJURY (Home, farm, 20f. (City or town) (County ory, street, office bldg., etc.)	
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	3-2- , 1960, to $2-16-$, 1960 death occurred at AM , from the causes and on the	
	220. SIGNATURE LLOS Mino M	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	22b. DATE SIGNED
	PHYSICIAN'S NAME (Type) LEWIS BRINGS, M. D.	57 GREENE ST., CUMBERLA	ND, MD.
23	a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY BURIAL FEB. 18 62 F BG. MEMOR	OR CREMATORY 23d. LOCATION (City, town or county) RIAL PARK FROS TBURG, M.	(Stete)
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS FROS TBURG, M.	1D. DATE FEB 1 9 '62 Collary &	
100			

TO HOSPITAL. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after \$\frac{7}{2} \text{ death, Page has be retained by the hospital or attending physician.}

\$\frac{7}{2} \text{ IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. For all and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with 17 Taxours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 01407 **CERTIFICATE OF DEATH** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Allegany b. COUNTY Allegany MARYLAND Harvland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If oulside corporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) Cumberland 4mos.4davs CumberLand d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Sylvan Letreat . Centre Street YES NO P NAME OF First Middle 4. DATE Manth Lowdermilk February Lerov (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) IF UNDER I YEAR IF UNDER 24 HRS. Months Days Hours White Hale WIDOWED | DIVORCED | 100. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote ar fareign cauntry) 12. CITIZEN OF WHAT COUNTRY during most affworking life, even if retired) U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sarah Riley Llovd Lowdermilk 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)." ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO cause (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour o. m. Not while of work of work p. m. reb. 9 21. I certify that I attended the deceased from. Oct. 5 196 , 1962, that I last saw the deceased , and that death occurred at 4:02P M, from the causes and on the date stated above. alive on_ ADDRESS (Street, city or town, stote) DATE SIGNED

22c. NAME OF CEMETERY OR GREMATORY

49 Greene St., Cumberland, Ild.

24a REC'D BY REGISTRAR

22d. LOCATION.(City, town, ar county)

24b. REGISTRAR'S SIGNATURE

artur S. Thurs

ACTUAL PHYSICIAN'S

NAME (Type)

22a. BURIAL, CREMATION, 22b. DATE THEREOF.

23. FUNERAL DIRECTOR'S SIGNATURE

L. B. Mathews. H.D.

VS A15 (4) 1SM 10/57

15M 7/61

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmission) a. COUNTY a. STATE b. COUNTY b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND MARYTAND ALLEGANY c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest lown) c. LENGTH OF STAY IN 16 CUM BERLAND 6 DAYS CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS ATTAMONT NAME OF 4. DATE Middle DECEASED OF (Type or print) DAVID THOMAS MARTIN DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years last birthday) Months WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Infant None None FROST BURG. MARYTAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN ROBERT MARY NATRN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. I 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) No. None 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). Kespinatory System PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause (e), stating the underlying mid out volvolus PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 1 19. WAS AUTOPSY CERTIFICATION 20e. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour e.m. ef work at work 22e. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 129 S. LIBERTY ST., CUMBERLAND, ND. 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Cumberland. Md. SS. Peter & Paul Buria Cem. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** L. George Cumberland. Md. Circling & Thous

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE

19 62

IF UNDER 24 HRS.

ONSET AND DEATH

PERFORMED? YES H-NO

(Stete)

22b. DATE

Year

OF

ON A FARM? YES NO X

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dis 01386

1. PLACE OF DEAT	ALLEGANY		MARYLAN		o. STATE		ased lived. If Insti b. COUN	ITY		mission)
b. CITY OR TOW	N (If outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 18		2.7.4	RYLAND	orporate limits, writ		EGANY	town)
and give nearest	town)			11	Rural of			' NO NATE ONG	g. 10 11001031	,
	Cumberland SPITAL OR INSTITUTION (If not in he	unital give street address		d. STREET ADDRES		Tanu /		la IS	RESIDENCE
			spriot, give silver address)						0	N A FARM?
	ed Heart Hosy				Cresapto					□ NO I
3. NAME OF DECEASED	Fir	st .	Middle		Lost	4. DATE OF	Mon	ith	Day	Yeor
(Type or print)	James	T-	Patrick		cCusker	DEATH	February		1	19 62
5. SEX			IED NEVER MARRIED	8. DAT	E OF BIRTH		9. AGE (In years lost birthday)	Months D	YEAR IF UN	DER 24 HRS.
Male	White	WIDOWI		3/	25/1903		58 yrs			7
10a. USUAL OCCUP	ATION (Give kind of work	done 10b.	KIND OF BUSINESS OR INDU	STRY 1	1. BIRTHPLACE (SE	ate ar foreign	country)	12. CITIZ	EN OF WHA	T COUNTRY?
Bus dri			oples Transit					U. S	5. A.	
13. FATHER'S NAME				14.	MOTHER'S MAIDE	N NAME				
1	William Olive	er Mel	Cusker		Carrie	Jeneti	a Grant			
15. WAS DECEASED	EVER IN U. S. ARMED FO	RCES7 16		INFOR	MANT		Addres	18		
(Yes, no, or unknown)	(If yes, give war or dates of		214-07-6940	Eni	zabeth R	ichards	son McCus	ker. Cr	resant	own. Mo
I CAUSE OF	DEATH [Enter only one cau			200				, ,	INTERVAL BET	
	DEATH WAS CAUSED BY:	se por mie		T TIC	TON				ONSET AND	DEATH
11	PART I. DEATH WAS CAUSED BY: GORONARY OCCLUSION SUDDEN								DEN	
The DUE TO										
	f any, which) (b)		CORONARY S	CLE	ROSIS		5 7 7 17			
	gave rise to Immediate cause (a), stating the underlying DUE TO									
couse last.	(c)									
PART II.	OTHER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH BUT	NOT R	ELATED TO THE TE	RMINAL DISEA	SE CONDITION G	IVEN IN PART	PERF	ORMED?
3					,44, ,44				YES [NO ICI
PART II. 20g. EXTERNAL PRIMARY gr CAUSE OF DEA	CONTRIBUTING [b. DESCRIE	BE HOW INJURY OCCURRED.	(Enter n	noture of injury in	Part I or Port	II of item 18.)			
	NJURY Month, Day, Yea m. m. 19	Whi			INJURY (Hame, forest, office bldg.,		ty or town)	(Coun	ty)	(State)
				ove	held on Auto	nsv 🗖	Inspection IX	Inquiev	[7] and	find that
	21. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and find that									
deoin fesui	deoth resulted from: Notural causes Accident , Suicide , Hamicide , Undetermined cause .									
4671141	1 , -	1 1	1 1						DATE	SIGNED
SIGNATURE N	Jundiel	1	Marelle	M.D	CHIEF MEDICAL	EXAMINER				
		,			ASSISTANT MED	DICAL EXAMIN	IER 🗌	Feb.	1, 19	62 1962
EXAMINER'S NAME (Type)	Benedict Ski	itare	lic, M.D.		DEPUTY MEDIC	AL EXAMINER	M R9, Cum	berland	d, Md.	
220. BURIAL, CREMA	ATION, 226. DATE THEREO		22c. NAME OF CEMETERY C	OR CREW			ATION (City, town			ate)
Burial (Spe	cify) 2/4/62		Hillcrest Bu	rial	Park		mberland,		and	
23. FUNERAL DIRECT			ADDRESS	ملي فالمامل		EC'D BY REGI		SISTRAR'S SIGN		
		nl and	Manuland			FEB 5	'62	01.11	0 40	
John 1.	Hafer, Cumbe:	Tand	, mary Land		DATE	170 1	- far	arihan .	d. Thank	

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pe filed	
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15M 7/6

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1404 CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Res	
	idence before edmission)
e. STATE b. COUNTY	Agant
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and c.	Legany
write RURAL and give neerest town)	ive incordar lowing
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address) d. STREET ADDRESS d. STREET ADDRESS	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address) d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?
	YES X NO
3. NAME OF First Middle Last 4. DATE Month OF	Dey Year
(Type or print) George McManus DEATH February	9 19 62
5. SEX 6. COLOR OR RACE 7. MARRIED 1 B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YE	7
Male White WIDOWED DIVORCED March 4.1879 last birthday) Months De	ys Hours Min.
10a, USUAL OCCUPATION (Give kind of work 10h KIND OF BUSINESS OF INDUSTRY 13 DIRTHDLASS (Control of the control of the con	N OF WHAT COUNTRY?
done during most of working life, even if retired)	
	J.S.A.
A month of market transfer	
Thomas McManus McCutcheon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (Ifyesgive werordeles of service)	
W23332 A Consess	ne Md
PART I. DEATH WAS CAUSED BY Chronic My occiditis and My certical memory immediate cause (e) Degeneration Not Specified as Rhematic	INTERVAL BETWEEN
PARTI. DEATH WAS CAUSED BY	ONSET AND DEATH
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Conditions, if any, which	
gava risa to immediate cause	
(a), stating the underlying DUE TO	
cause lesf. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	e) 19. WAS AUTOPSY PERFORMED?
	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Perf I or Perf II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH 10 10 10 10 10 10 10 1	7
B IF EITHER, NOTIFY MEDICAL EXAMINER	
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town)	(Stete)
Hour a.m. While Not While factory, street, office bldg., etc.)	
	7
21. I certify that (I) (this hospital) attended the deceased from 5007.10, 1961, to 500. 9, 196	that (I) (we) last
saw the deceased alive on 100 2 1962, and that death occurred at 11.3M, from the causes and on the	date stated above.
220. SIGNATURE O O O O O O O O O O O O O O O O O O O	22b. DATE
220. SIGNATURE Paul R. Milorn M.D. ATTENDING MED. STAFF DIRECTOR DIPHYS.	-eh 10 1962
22c, PHYSICIAN'S 22d, ADDRESS	
NAME (Type) Paul R. WI/Son U.D. Predmont. W. Va.	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(Stete)
REMOVAL (Specify)	202
Burial 2/12/62 Oak Hill Cemetery Lonaconing, 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE	MQ.
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Maryland Medianus Petruary 9 162 A.R.U busfyrek artter Barton, Marryland U.S.A.

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Tilliam w.Green Conscenius, w.

Burted Syley Sale Hill Cenepory Longcoming, Me. Searge Lichborn Longconing, ad.

Q-12/2		MARYLAND STATE DEPARTMENT OF HEALTH		
1 3		Items 21 & 4 CERTIFICATE OF DEATH Film G309		
To Paragraphic Par	1 1.	PLACE OF DEATH 5/19/62 1WK PLACE OF DEATH 5/19/62 1WK 12. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission)		
24		Allegany Maryland o. STATE Md.		
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ster after	_	Frostburg d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE		
Surre Col		ON A PARMI		
letely pers. 72 h	3	Miners Hospital 77 Armstrong St. YES NO DECEASED AND First Middle Last 4. DATE OF		
omp omp n pa		(Type or print) Ernest Monsen 2 14 1/5 1962		
arbo wit	5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.		
ian a	1	Male White WIDOWED DIVORCED 8-26-1883 70 79 77 75.		
physic premo aremo	(Machinist Railroad Oslo. Norway U. S. A.		
	1	Machinist Railroad Oslo, Norway U. S. A. 14. MOTHER'S MAIDEN NAME		
rending an pleas)	Unknown 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT. Address		
The oval		Yes, no, or unkown) (Hyesgive werordalesofservice) 77 Armstrong St. Grahamtown, Md.		
s tha an. y the mit. rem	-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] NOTE NOT		
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PHY the h for for th pr	CEPTIFICATION	20e. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING ☐ CAUSE OF DEATH I IIF EITHER, NOTIFY MEDICAL EXAMINER!		
by the the	147	5 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or lown) (County) (Stete)		
NDII Lined Heta deta	MEDIC	Hour e.m. While Not While fectory, street, office bldg., etc.) p.m. 19 at work et work		
TTE		21. I certify that (I) (this hospital) attended the deceased from 1961, to 2/13 14 1962, That (I) (we) last		
R A A BECONDINATED		saw the deceased alive on		
O Pure		22e. SIGNATURE BOOWLE, M.D. ATTENDING MED. STAFF 2/16/62		
RA- RA- Page vith		22c. PHYSICIAN'S 22d. ADDRESS		
ONE Par Jor, p		NAME (Type) John B. DAVIS, AD ZBROADWAY, FROST 64Rg, Md.		
direct be fil	2	3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)		
VR A15 (4)	2	Burial 2-18-62 St. Michael's Cometery Frostburg. Md. 4 FUNERAL DIRECTOR'S SIGNATURE Hafer Funerals Home 258. REC'D 8Y REGISTRAR 256. REGISTRAR'S SIGNATURE		
15M 7/6	(P. It matting & Frostburg. Md. DATE EB 20'62 and & thous		
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. , . 3; [4] granding 27 . Media THE SHEETS OF THE SEE inclinition broulder brounds the little Ty Armstream of arts or but area Ty Wei-Al-Woodele, high tup on Lindon call Contract to the second of the second of the second THE PERSON 16 6 600 52/5/2 John Bar Bar Sal Chrondon y L Boat outlined in Bioles 12-12-19 September 12 Cometaty Story Story Partition of the capture, Maria

FOR STATE HEALTH DEPT.

ector. Page your files. TO DEPUTY EDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay please executed he certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funer 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bo or its designated agent, prior to burial, cremation, or removal, and in any eyem within 72 hours after death.

> VS. A1SME SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01408 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01389

		PLACE OF DEATH				2. USUAL RESIDEN	CE (Where dece			idence before	edmission)
	Allegany MARYLAND			a. STATE Mary	land	b. COUN		gany			
		. CITY OR TOWN (if	outside corporate limit)s, c.	LENGTH OF STAY IN 16	c. CITY OR TOWN	If outside corpor	ete limits, write	RURAL end	give neerest to	wn)
):	-17	CumberL	give nearest town)	433	53 yrs.	02 Cumb	erland				
1	-	. NAME OF HOSPITA	AL OR INSTITUTION (f not in hospital	- W	d. STREET ADDRESS					RESIDENCE
1]	D.O.A. Sa	acred Hos	pital		311	Broadw	av			NO TO
	3.	NAME OF DECEASED	First		Middle	Last	4. DATE	Month		Dey Ya	ar
		(Type or print)	J	ohn	В.	Morris	DEATH	Feb		2 19	62
	S.	SEX	6. COLOR OR RACE	7. MARRIED P	NEVER MARRIED 8	. DATE OF BIRTH	9.	AGE (In years last birthdey)	mann		R 24 HRS.
	1	Male	White	WIDOWED	DIVORCED .	Aug. 18, 1	[] [] []	53 уп.	Months Da	ys Hours	Min.
			ON (Give kind of work king life, even if retire		OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State	or foreign coun	try)	12. CITIZ	EN OF WHAT	COUNTRY?
	Re		r Inspec		lailroad	Cumberla		•	US	A	
1		V	Villiam W	. Morr	ris	Ju	lia F.	Ryan			
)			R IN U.S. ARMED FOR		CIAL SECURITY NO. 17.			Address			
	1.0	no	,019.101010101010101010101010101010101010	705	-96-9674Ja	mes E. Mor	ris, C	umberl	and,	Md.	
			EATH [Enter only one	cause per line	for (e), (b), and (c).)					ONSET_AND	
	IMMEDIATE CAUSE (a) Coronary Occlusion Sudge										
		Conditions, if any,	which (b)	Coro	nary Scler	osis					
		gave rise to immedia (a), stating the un	DITE TO								
		cause last.	(c)								
)	NO	PART II. OTHER	SIGNIFICANT CONDI	TIONS CONTRI	BUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE CO	ONDITION GIV	EN IN PART 1	(e) 19. WAS PERF	AUTOPSY ORMED?
	CAT									YES	но 🔼
	CERTIF	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PERFORMED? YES NO EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTIONS 20a. EXTERNAL CAUSE WAS PRIMARY CONTRIBUTIONS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) CAUSE OF DEATH.									
	MEDICAL	20c. TIME OF INJUI	Y Month, Day, Ye	While _	_Not While fac	CE OF INJURY (Home, farr tory, street, office bldg., etc		or town)	(Count	у)	(State)
	×	p.m.	19		at work	11 41	1 P	V1	₩.	1.1	
					s described above, he					and in my	opinion
		death resulted to	om: Natural ca	uses X	Accident . Suice	ide , Homicide		etermined m	ianner		
			2	1:4	11-4	CHIEF MEDICAL					41110
1		SIGNATURE A	Denea	ices	Sketares		DICAL EXAMINER			Feb	2,62
(EXAMINER'S NAME (Type)	Benedict	Skitar	elic, MD	Address (Straet,	city, town, or co		Cumbe		
,	22a		N, 226. DATE THERE	OF 22	. NAME OF CEMETERY O	R CREMATORY	22d. LOCATIO	ON (City, town	, or country)	(St	ata)
		REMOVAL (Spacify) Burial	2/5/62	E	t. Mary's	Cemetery	Cumber	rland.	Md.		
1	23.	FUNERAL DIRECTOR			ADDRESS	24a. RE	C'D BY REGISTRA	AR 24b. REG	ISTRAR'S SIG		
	00	imes f.	carperii	Cumpe	erland, Md.	DATE	LD 0 02		rethur S.	/ Craus	
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	DIVISIO	N OF STATISTICA	L RESEA	CERTIFICA	TE OF DEA			01	1390
X	PLACE OF DEA	An	Item 1	3 Film G309	2. USUAL RESID	ENCE (Where decease	d lived, If I		dence before edmissi
		LEGANY		MARYLAND		MARYLAND		ALLEG	
	write RURAL e	N (if outside corporate limited give nearest town)	rs,	c. LENGTH OF STAY IN 16		/N (If outside corporate I	imits, write	RURAL and gi	ve nearest town)
		MBE RLAND		7 HR.45 MIN.		CUMBERLAND			
3		MORIAL HOSPI		Street eddress)	d. STREET ADDR	931 GAY ST			e. IS RESIDEN ON A FAR YES NO
3	NAME OF DECEASED	First		Middle	Last	4. DATE	Month	D	ey Yeer
	(Type or print)	BA	BY	GIRL	MULLENAX	DEATH	FEB.	. 17,	19 6
5	. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		(In years birthday)	IF UNDER 1 YEA	
П	FEMALE	WHITE	WIDOWED	DIVORCED	2-17-62	PGSI	yrs.	Months Day	s Hours Min
1	On. USUAL OCCUP	ATION (Give kind of work working life, even if retire	10b. KIN	O OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (C	County & State, or foreig	n country)	12. CITIZEN	OF WHAT COUNT
L			a)		CUMBER	RLAND, MD.		U. :	S. A.
1	3. FATHER'S NAME				14. MOTHER'S MAIL	DEN NAME			
	- V	VILLIAM MULLI	ENAX		CATHE	RINE DEMPS	Ε		
		EVER IN U.S. ARMED FOR		OCIAL SECURITY NO. 17.	INFORMANT		Address		
1		(11 / 10 g) 10 11 11 11 11 11 11 11 11 11 11 11 11	, ,		MEMORIA	L HOSPITAL	- CUN	MBERLAND	D. MD.
	18. CAUSE OF	PEATH Enter only one	cause per line	for (e), (b), end (c).]		1			INTERVAL BETWEEN ONSET AND DEATH
	PART I. DE.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		Lespina to	ny Fai	luke			ONSET AND DEATH
	1//	3 5 DUE TO			1,				
	Conditions, if e	ny, which) (b)		Premate	hity				10 hm
	gave rise to imme								
	cause last.	Underlying (c)							
CERTIFICATION	PART II. OTH	1 / -	TIONS CONTI	RIBUTING TO DEATH BUT N	OT RELATED TO THE TE	RMINAL DISEASE COND	ITION GIV	EN IN PART 1(a	19. WAS AUTOP PERFORMED YES NO
	20a. ACCIDENT OR CONTRIBUTION (IF EITHER, NOTI	WAS UNDERLYING NG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY OCCURE	D. (Enter neture of injury	in Pert I or Pert II of ite	m 18.)		
MEDICAL	20c. TIME OF IN Hour e.m	1.	While et work	Not While fa	ACE OF INJURY (Home, clory, street, office bldg.		wn)	(County)	(State)
	21. I certify	that (1) (this hospit	al) attende	d the deceased from	L	2 .18 5 P 194		, 19	, that (I) (we)
				19, and the					
	220. SIGNATUR	allech	10 M	well	ATTENDING PHYS.		AFF YS.		22b. DA1 SIG
	22c. PHYSICIAN NAME (Ty	nel	RT D. E	BRODELL	22d. ADDRESS	9 S. LIBERT	Y ST.	. CUMB	ERLAND. NO
2	3a. BURIAL, CREMA REMOVAL (Speci	ATION, 236. DATE THER	EOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION			(Stete)
	CREMATIO.	N 2-17-	62	Memorial	Hospital	Cumb	erlan	d, Ma	ryland.
)	CONTRACT DIRECT	OR'S SIGNATURE	Sufer	Memoi	DATE DATE	FEB 2 6 '62		entua & 1	
-	1	00039501	10		4	- 1752			

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The Division of the Same and Same 2 - 1 - 2 - 5

in by the funeral TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page has be retained by the hospital or attending physician.

Yellow To FUNERA DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 11 and 2 chould be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

	MARYLAND	STATE DE	PARTMENT	OF HEALTH
DIVISION OF STATISTICA	L RESEARCH AN	D RECORDS,	301 W. PRES	TON STREET, I

	MANUEL SINIE DEL	William A.	110730111	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE	1_MARYLANI
01408	RESEARCH AND RECORDS, CERTIFICATE	OF DEATH		01391

1. PLACE OF DEATH 6. COUNTY		2. USUAL RESIDENCE (Whe	re deceased lived, If Institution b. COUNTY	Residence before edmission)
ALLEGANY	MARYLAND	MARYLAND		LLEGANY
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 15		corporate limits, write RURAL	and give nearest town)
CLIMBE DI AND	55 MINUTES	12 CUMBERLA	ND	
d. NAME OF HEADY AND A PARTY TO THE HOLD TO THE HOLD THE	VE Sive street address)	d. STREET ADDRESS		e. IS RESIDENCE
MEMORIAL HOSPITAL		419 BEAL	LCT	YES NO Y
3. NAME OF First	Middle	lest 4. DA	TE Month	Day Yeer
(Type or print) JOHN		OF DEL	ATH CCD IC	1062 19
E FFY	NEVER MARRIED X 8	PEDDER DATE OF BIRTH	9. AGE (In years IF UNDER	702
MALE WHITE WIDOWE	T I HE TEN MANDED IT	9-17-189 1877	Months	
	ND OF BUSINESS OR INDUSTR	7 1 11 11	yrs. 12 C	TIZEN OF WHAT COUNTRY?
done during most of working life, even if refired)		CHOLAND WY		
Chg. of Bleach Plt. Pa	per Industry		dnes	U. S. A.
		14. MOTHER'S MAIDEN NAME		
JAMES PEDDER		SARAH Summe	rsgill	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unknown) (lifyesgive war or dates of service)	SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	
No. 10	9-01-4649	MEMORIAL HOSPI	TAL - CUMBERLA	ND, MD.
18. CAUSE OF DEATH Enter only one cause per li	ne for (a), (b), end (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) He	patic Coma			2 weeks
COI de NISTO				
Conditions, if eny, which	rrhosis of I	Liver		4 years
geve rise to immediate cause				
(e), steting the underlying DUE TO				
	TRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISE.	ASE CONDITION GIVEN IN PA	RT 1(e) 19. WAS AUTOPSY
9	100000000000000000000000000000000000000	The street of the remaining place		PERFORMED?
Underlying 206. DESC	THE HOW IN THE PROPERTY	/5-tt	1 A B - 1 D - 10 S	YES NO K
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	KIBE HOW INJURY OCCURED	. (Enter nature of injury in Pert I or P	er is of item to.)	
		CE OF INJURY (Home, farm, 20f. ory, street, office bldg., etc.)	(City or town) (C	ounty) (State)
Hour a.m. While		ory, sneet, office brogs, etc.,		
21. I certify that (I) (this hospital) attend	led the deceased from	= 619.58	to 2 = 15 1	962that (I) (we) last
saw the daceased alive on 2 = 15	1062 and that	death occured at		
22e. SIGNATURE		deall occured al	TOM THE CAUSES AND ON	22b. DATE
Raen lo. Br		ATTENDING MED. PHYS. DIRECTOR	STAFF PHYS.	SIGNED
22c. PHYSICIAN'S	M. M.	D. PHYS. DIRECTOR	L 7.111 5.	2=17=62_
NAME (Type) DR. RALPH W.	RALLIA		CT CHMPE DI AA	ID MD
23e. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMÉTERY		ST., CUMBERLAN	
REMOVAL (Specify)				
Burial 2/18/62			mberland, 1	
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		GISTRAR 25b, REGISTRAR'S	
H. Wayne George Cumb	erland, Md.	DATE FEB 2	U 02 Chilling	S. Kraus

PURE PLANT SERVICE CONSERVANT

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	death. Page may be retained by the hospital or attending physician.	ERA	pag	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORELY MORE PAND 2. USUAL RESIDENCE (Where decessed lived, If Institution; Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY ALLEGANY MARYLAND MARYLAND ALLEGAN I

C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ALLEGANY b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 WEUMBE REA NO Pearest town) 21 HRS. LA VALE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL 35 RYE STREET YES NOY 3. NAME OF Middle 4. DATE Month Day Year DECEASED CARL (Type or print) PETERSON DEATH **FEBRUARY** 19 62 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 1879 last birthday) Months Hours MALE WHITE WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) SWITZERLAND FARMER OWN FARM USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME PETER PETERSON SOPHIA HUSNED 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] CUMBERLAND. INTERVAL BETWEEN ONSET AND DEATH generalized, marked PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part II or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. While Not While et work at work p.m. saw the deceased alive on. 22a. SIGNATURE 22b. DATE ATTENDING SIGNED PHYS. DIRECTOR M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) LINWOOD CEMETERY DUBUQUE, IOWA BURTAT. 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE BYRON KIGHT CUMBERLAND, MD. when & Thous



VR A15 (4) 15M 9/60

1. PL

5. SE

10a.

CERTIFICA

MEDICAL

20a. ACCIDENT WAS UNDERLYING

20c. TIME OF INJURY

Hour a.m.

p.m.

OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

Month, Day, Year

--- 19

done 13.

	ARCH AND RECORDS	PARTMENT OF HEALTH , 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND E OF DEATH 01393
PLACE OF DEATH a. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. STATE Maryland b. COUNTY Allegany
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearast town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Cumberland	65 vrs.	02 Cumberland
d. Name of Hospital or Institution (if not in he 26 E. Roberts Street	ospital, give straet address)	d. STREET ADDRESS 26 E. Roberts Street on A FARM? YES □ NO ★
NAME OF First DECEASED (Typa or print) Margare	middle t Ann I	Poole 4. DATE Month Day Year OF DEATH Feb. 10 1962
SEX 6. COLOR OR RACE 7. MARR	ED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White widow	ED X DIVORCED 1	Aug. 13, 1880 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HKS. Nonline Days Hours Min. Nonline Min. Min. Nonline Min.
ne during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR OWN HOME	Hampshire County, W. Va USA
Silas Iser	SOCIAL SECURITY NO. 1.17	Slemma Foltz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyesgivewarordatesofservice)	16. SOCIAL SECURITY NO. 17. INFORMANT Address	344
no	none Mr. Ernest Poole, Flintstone,	Md.
18. CAUSE OF DEATH [Enter only one cause	per line for (e), (b), and (c).)	INTERVAL BETWEE
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Acute coronary occlusion	Minute:
DUE TO		
Conditions, if any, which (b)	Arteriosclerotic cardiovascular disease	
(a), stating the underlying cause last.	(Multiple small stroke syndrome)	Years
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTO PERFORME YES NO

2-8-62...., 19....., that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 10-8-54saw the deceased alige on...... 22b. DATE SIGNED MED. ATTENDING STAFF

DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.)

20e, PLACE OF INJURY (Home, farm,

factory, street, office bldg., atc.)

PHYS. ADDRESS M.D. 22c. PHYSICIAN'S NAME (Type)

at work

20d. INJURY OCCURRED

Not While

at work

Himmelwright, M.D. 133 Virginia Ave. Cumberland, b. DATE THEREOF 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION (City, lown or county) Cumberland, Md.

DIRECTOR

20f. (City or town)

(County)

Burial, CREMATION, 23b.
Burial (Specify) Fe Memorial Park 14,1962 Sunset

25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE DATE FER 1

PSY

(State)

(State)

24 FUNERAL DIRECTOR'S SIGNATURE James F. Sca. Scarpelli, Cumberland, Md. 5:17:113 и. JARY GE Swarz Barreson C. I. Ca - Month of the Control of the Contro THE ROLL OF PARTY SEED, AND ASSESSED STREET THE REPORT OF THE PERSON OF TH make appropriate to the contract of the contra . De lybonitroge de la livra de la companya de la c SELECTION OF THE PROPERTY OF THE PARTY OF TH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01411 funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. COUNTY b. COUNTY a. STATE by the and 2 death. ALLEGANY ALLEGANY MARYLAND MARYLAND c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 by an write RURAL and give nearest town) CUMBERLAND DAY **CUMBERLAND** d. NAME OF HAPPINGEN ALTITUTION AIRN INCRPITALVE Street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO X MEMORIAL HOSPITAL DEXTER PLACE 207 completely 3. NAME OF Middle 4. DATE Yeer DECEASED OF (Type or print) MARY ETTA 1962 PRICE DEATH FEB. I and cor with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX IF UNDER 24 HRS. B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR last birthday) Months Hours WIDOWED [DIVORCED FEMALE 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) done during most of working life, even if retired) Own home PENNSYLVANIA, Artemas Housewife. U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME THOMAS LEASURE ANNABELL BARNES 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service MEMORIAL HOSPITAL - CUMBERLAND, NO. No. None 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED CERTIFICATION PERFORMED NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL (Stete) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) Month, Day, Yeer factory, street, office bldg., etc. Not While While Hour a.m. et work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from. DIREC! the deceased alive on..... 22b. DATE 22e. SIGNATURE 2/2/62 IGNED ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. M.D. 22d. ADDRES PHYSICIAN'S NAME (Type) GEORGE M. SIMONS ALGONQUIN HOTEL, CUMBERLAND, MD. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) DATE THEREOF (Stete) 23a. BURIAL, CREMATION, 23b. 0.58 REMOVAL (Specify) Memorial Park Sunset Cumberland. Buria 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) arthur S. House 15M 7/61 Charles L. George Cumberland, Md. DATE

within 24

executed

certificate

death

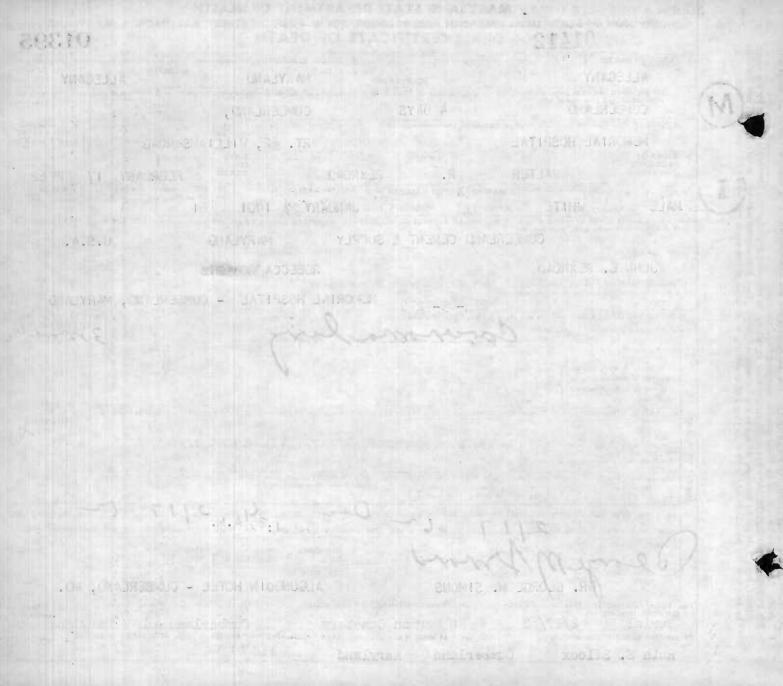
RYLAND STATE DEPARTMENT OF HEALTH

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TO HOSPITAL OR ALTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page may be retained by the hospital or attending physician. TO FUNERAX DIRECTOR: After this certificate has been signed by the attending physician and completely if in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. It is and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after the complete of the state Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after the complete of the complete of the state Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after the complete of the	MEDICAL CERTIFICATION
TO HOSPITAL OR ALTE May be reit Wegi Lo Ly Ber To FUNERAY DIRECTO director, page 3 should be lied with the State Dep	234
M	

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE	CE (Where deceased lived, If institution: I	Residence before edmission)			
	ALLECANY	IARYLAND	*. STATE MARYLA	AND b. COUNTY	LEGANY			
1	b. CITY OR TOWN (if outside corporate limits, c. LENGTH C	F STAY IN 1b		f outside corporate limits, write RURAL en				
	Write RURAL and give neerest town) CUMBERLAND 4 D	AYS	X CUMBE F	RIAND.				
4	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give stree	t eddress)	d. STREET ADDRESS	12//10/	e. IS RESIDENCE			
	MEMORIAL HOSPITAL		RT. #2	, WILLIAMS ROAD	YES NO			
	3. NAME OF First Mid	ldle	Last	4. DATE Month	Dey Year			
1	(Type or print) WALTER R.		ROAD	DEATH FEBRUARY	17 19 62			
)	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER M	ARRIED 8.	DATE OF BIRTH	9. AGE (In years IF UNDER 1				
4	MALE WHITE WIDOWED DIV	ORCED	JANUARY 27 1	901 61 yrs. Months	Deys Hours Min.			
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CUMBERLAND CEME		1	ty & Stete, or foreign country) 12. CIT	ZEN OF WHAT COUNTRY?			
	13. FATHER'S NAME	111 & 301	14. MOTHER'S MAIDEN		U.S.A.			
	JOHN E. REXROAD		REBECCA	ROBISON				
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECUR (Yes, no, or unkown) (Ifyesgivewerordatesofservice)		NFORMANT	Address				
	NO 214-05-72	279 ME	MORIAL HOSPI	TAL - CUMBERLAND,	MARYLAND			
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b),	end (c).]	0		ONSET AND DEATH			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	oma	lung		3 march			
	1/ = X DUE TO							
	Conditions, if any, which (b)							
	geve rise to immediate cause (a) stating the underlying DUE TO							
	(e), stating the underlying DDE TO cause last. (c)							
		DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN IN PART				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW IN. OR CONTRIBUTING CAUSE OF DEATH If IF ITHER. NOTIFY MEDICAL EXAMINER!				YES NO			
	20b. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW IN. OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	JURY OCCURED.	(Enter nature of injury in F	Pert I or Pert II of item 18.)				
	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCUR		CE OF INJURY (Home, farm		nty) (Stete)			
	20c. TIME OF INJURY Month, Dey, Year 20d, INJURY OCCUR Hour e.m. While Not While p.m. 19 at work at work		ory, street, office bldg., etc.)				
		21. I certify that (I) (this hospital) attended the deceased from 1961, to 2011, to 1961, to						
		1.25 A.M.						
	22a. SIGNATURE				22b. DATE			
	1 do mo m/mon) M.	DUIVE D	AED. STAFF	SIGNED			
	92c. PHYSICIAN'S		22d. ADDRESS					
	NAME (Type) PR. GEORGE M. SIMONS		ALGONQU	IN HOTEL - CUMBERLA	ND, MD.			
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME	OF CEMETERY C	OR CREMATORY	23d. LOCATION (City, town or county	(State)			
		rman Cem	eterv	Cumberland	Maryland			
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRES		25a. REC	'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE			
9	Ruth E. Silcox Cumberland	Maryl	and DATE F	EB 21 '62 Ciriling &	. Thous			



in by the funeral TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with death. Page has be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely findertor, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pe be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours

The law requires that the death certificate be executed within 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

01413 CERTIFICATE OF DEATH 0130 01396

1. PLACE OF DEA' a. COUNTY	Allegany	MARYLAND	a. STATE Mary	land b. COUN	Institution: Residence	before admission)
- write RURAL a	I (if outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN 16 10/28/1955	c. CITY OR TOWN	(If outside corporate limits, write		
d. NAME OF HOS	PITAL OR INSTITUTION (if not	in hospital, give street address)	d. STREET ADDRESS		2110	e. IS RESIDENCE ON A FARM?
ALLEGAL 3. NAME OF	ny County In	T T.IIIST. A	last	Maryland Ave		YES NO X
DECEASED (Type or print)	Eva	Middle	Riehl	OF DEATH Februa		19 62
5. SEX		INKNIED HEVER MAKKIED	. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR I	IF UNDER 24 HRS.
Female	White wi	DOWED DIVORCED	6/21/1878	83 yrs.	Months Days	Hours Min.
	ATION (Give kind of work working life, even if retired) Office	10b. KIND OF BUSINESS OR INDUSTR Swifts Meat Company		d, Maryland	U. S	• A •
is. PATHER'S NAME	Jacob Riehl			ina Griesman		
15. WAS DECEASED	EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.				and.Md.
NO	(If yes give war or dates of service	31		inty Infirmar		
Conditions, if a gave rise to imme (a), stating the cause last.	ediate cause	rleseo-Soles elrebraf de s contributing to DEATH BUT NO	Reseased TO THE TERM	12 PERFCERS		. WAS AUTOPSY PERFORMED?
OR CONTRIBUTION (IF EITHER, NOTICE	WAS UNDERLYING 206 NG CAUSE OF DEATH FY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED). (Enter nature of injury in	Part I or Part II of item 18.)		
20c. TIME OF IN Hour a.m	ı.		ACE OF INJURY (Home, far tory, street, office bldg., et		(County)	(State)
21. I certify saw the dece	that (I) (this hospital) ased alive on2/3/	attended the deceased from. 6219, and that	10/28/55 @9:30P.M	19, to2/.3/.62 1M, from the causes	and on the date	at (I) (we) last e stated above
22a. SIGNATUR 22c. PHYSICIAN NAME (Typ	sixellaste	Mathews	ATTENDING PHYS. 22d. ADDRESS	MED. STAFF PHYS. X	2,	22b. DATE SIGNED /5/1962
23a. BURIAL, CREMA REMOVAL (Speci BURIAL)	ATION, 236. DATE THEREOF	TRINITY LUTHE	OR CREMATORY RAN CEMETERY	CUMBERLAND,	MD.	(State)
24 FUNERAL DIRECTOR BYRO		ADDRESS MBERT, AND, MD.	25a. RI	R 6 '62 CL	SISTRAR'S SIGNATU	JRE

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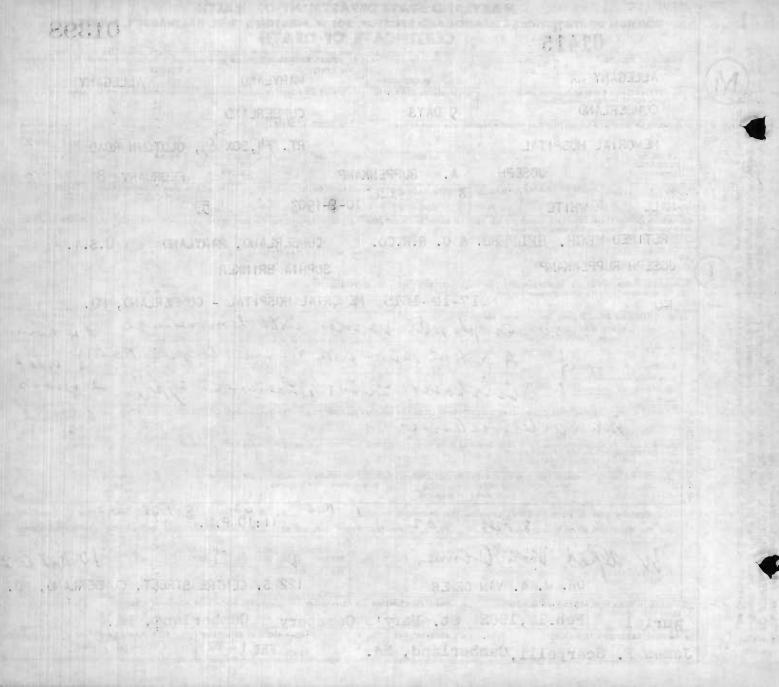
ha dream st., cumberiond, if.

Dr. Loc B. Mathews -

VI'		PLACE OF DEATH e. COUNTY ALLEGANY MARYLAND	2. USUAL RESIDENCE (Where decessed lived, If institution: a. STATE PENNSYLVANIA b. COUNTY	Residence before edmission BEDFORD
1	-	b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1		
6		write RUCUMBEIRLAND town) 25 HRS.	HYNDMAN	75 X · 3
,0		d. NAME OF MEMORIAL HOSPITAL MEMORIAL HOSPITAL	d. STREET ADDRESS	e. IS RESIDEN ON A FAR YES NO
1	3.	NAME OF First Middle DECEASED (Type or print) DOVE E.	RITCHEY 4. DATE Month OF DEATH FEBRUARY 6,	Dey Yeer 19 62
1	5.	SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER I	YEAR IF UNDER 24 H
		MALE WHITE WIDOWED DIVORCED	FEB. 28, 1894 67 yrs. Months	Deys Hours Min
	10a do	s. USUAL OCCUPATION (Give kind of work needuring most of working life, even if retired)	TRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CIT	IZEN OF WHAT COUN
		FAEInginger B&O Railroad	113 11011110011191	SA
	13.	FATHERS MAMP CT	14. MOTHER'S MAIDEN NAME	
	15	CLINTON RITCHEY WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	MARY FERNER	
		es, no, or unkown) (If yes give wer or detes of service)		
		No 705-09-2589 18. CAUSE OF DEATH [Enter only one cause/per line for (e), (b), and (c).]	MEMORIAL HOSPITAL - CUMBERLAND,	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	acute with Cholchtheau	ONICET AND DEATH
	=	DUE TO	- Telle Durit - Transfer Telle	1
		Conditions, if any, which the Pauline attitue	a acute hemorhagic	. 48hi
		gave rise to immediate cause (a), steting the underlying DUE TO	O .	
		cause lest. (c)		
0.	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	1(e) 19. WAS AUTO
	CERTIFICATION	Choleysteelong Feb	5, 1962	YES NO
	RTIF	OR CONTRIBUTING TI CAUSE OF DEATH	ED. (Enter neture of injury in Part I or Part II of item 18.)	
		(IF EITHER, NOTIFY MEDICAL EXAMINER)		
	MEDICAL	Hour a.m. WhileNot While	PLACE OF INJURY (Home, ferm, '20f. (City or town) (Country, street, office bldg., etc.)	inty) (Stete
	X	p.m. 19 et work et work	Feb 5 1067 in Feb 6 10	15
		21. I certify that (I) (this hospital) attended the deceased from	n tel S, 19.6.7 to tel 6, 19 hat death occured at S.M., from the causes and on	.6 7 that (I) (we)
		saw the deceased alive on 19.6.2, and the 22e. SIGNATURE	ar dearn occured aro	me dare stated at
		Telano M/ Farrir	M.D. PHYS. MED. STAFF PHYS. DIRECTOR PHYS. D	6 1963
		22c. PHYSICIAN'S	22d. ADDRESS	
1		NAME (Type) DR. WYLIE M. FAW, JR.	122 S. CENTRE ST., CUMBER	LANU, MU.
	22.	B. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or count	y) (State)
1	1234	Burial Feb. 9. 1962 Hyndman	Cemetery Hyndman. Pa.	

* = 1 . 2 4 5 MINGSON BARBONS Y-OTH 3 . av. matter die best Les out .Q. 904 HERO - WHITE H JAMMEN - POST-50-10Y DA. VIEGE S. TO LEGIST. D. S. C. CENTRE ST., CHINESELD. St. St. in the thirty of the state of the st a Arthreches and a supplied to the comment of the c RYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M



1. PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01415 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01399

1 2 IISIES RESIDENCE (Where decreased lived if institution, Peridence before a delission)

age	1	e. COUNTY	Allegany		MARY	LAND	. STATE Mar	yland	b.	COUNT	Allega	nv	
SEE N		b, CITY OR TOWN ((if outside corporete limits d give nearest town)	3,	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN			ts, write I	RURAL and giva	nearest to	wn)
d your	4	Cumberla	ind		68 yr.	S.	02 Cum	berla	nd				
Soar Coar		d. NAME OF HOSPI	TAL OR INSTITUTION (if	not in hosp	itel, give straat addre	ess)	d. STREET ADDRESS						RESIDENCE
del de)	Memorial	L Hospital				46	Utah .	Ave-			_	NO K
fur fur Stat Stat	1	NAME OF DECEASED	First		Middle		Last	4. DAT		Month	Day	Ya	d 15-d
If a the the the the		(Type or print)	Carl		Henr	у	Schade	DEA	TH	Feb	23	19	62
3 to be ith 1 afte	1	5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIES	D 8.	DATE OF BIRTH		9. AGE (In	years II	F UNDER 1 YEAR		R 24 HRS.
ma)		Male	White	WIDOWED		_	Feb. 25,	1893	lest birth	yrs.	Months Days	Hours	Min.
hod ho		Da. USUAL OCCUPAT	TION (Give kind of work	10b. KIN		INDUSTRY	11. BIRTHPLACE (Stet	e or foreign		7.44	12. CITIZEN C	F WHAT	COUNTRY
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hor sages 3. Figure 1	1	3. FATHER'S NAME	our ponoci	1 001	2001 00 01		14. MOTHER'S MAIDER		,		1 0000		
7 9 2 0 7	1	C	arl H. Sch	hade			Anna B.	Hahn					
這 E	/[]				OCIAL SECURITY NO	O. 17. IN			A	ddrass			
d wi	1	Yas, no, or unkown) (I	YER IN U.S. ARMED FORCE If yes give were released see YES DEATH [Enter only one of	P.14	-05-6428	8 Mm	Anthun I	2 501	hada	Carmi	hortoni	hM i	
wir win	-	18. CAUSE OF I	DEATH (Enter only one of	cause par lir	na for (a), (b), and (c)).]	Ar chur	u. 13C	liaue	Oum	IN TELLIC	ERVAL BE	TWEEN
Yec Ong Ong Insit d in		PART I. DEAT	H WAS CAUSED BY:				MORRHAGE					SET AND	DEATH
oncione all		4	IMMEDIATE CAUSE (a)_		OBITEDIA	1111	MONTHEE					2	Hrs.
ffice ffice urial val		Conditions, if any	DUE TO		A DIBITAL	TAGA	מדת מודדו	AADDT.	OTT 1 0 0 1	A			
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hific amii sed sed	1,	Cause lest.	(c)_ R SIGNIFICANT CONDITI	ONS CONT	RIBUTING TO DEATH	H BUT NOT	RELATED TO THE TERM	INAL DISEA	SE CONDITIO	N GIVEN	J IN PART 1(=) 1	0 W/AS	ALITOREY
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ing ief ief ouri	143		1	1 204 16	JURY OCCURRED	20a 81 AC	E OF INJURY (Home, far	- 206 10	City or town)		10		(5) 1 2
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High Park			nat I took charge of					Inspection	hand	Inquiry	(Mark)	in my	opinion
EC Gert Ben		death resulted t	from: Natural cau	ises Z	Accident	Suicid	e, Homicide		Jndetermin —	ned mai	nner		
or was			4	181	1	1	CHIEF MEDICAL						
5 - 12 6		SIGNATURE	senedict	SA	15th rela		_ M.D. ASSISTANT ME		January 1	m - 1-		ATE SI	GNED
execut Id be for IERAL designat	_	EXAMINER'S	2								23, 1		
	=	NAME (Type)	Denedict S	kita	relic. M	D A	Address (Street, CREMATORY	city, town,	or county	mbe	rland	MA 70	4-1
	1	REMOVAL (Specify)									INI CL Page	ile)
0 <u>7</u> 4 0 g	-	Burial BURIAL DIRECTO		7305	ADDRESS	111 (brlan		MO . TRAR'S SIGNATI	ID C	
VS. AISME				0		B.5 -							
5M 9/60 40		James F.	Scarpelli	, cun	nperland	, Md -	DATE	OK 1 C	52	with	w S. Mar	4	

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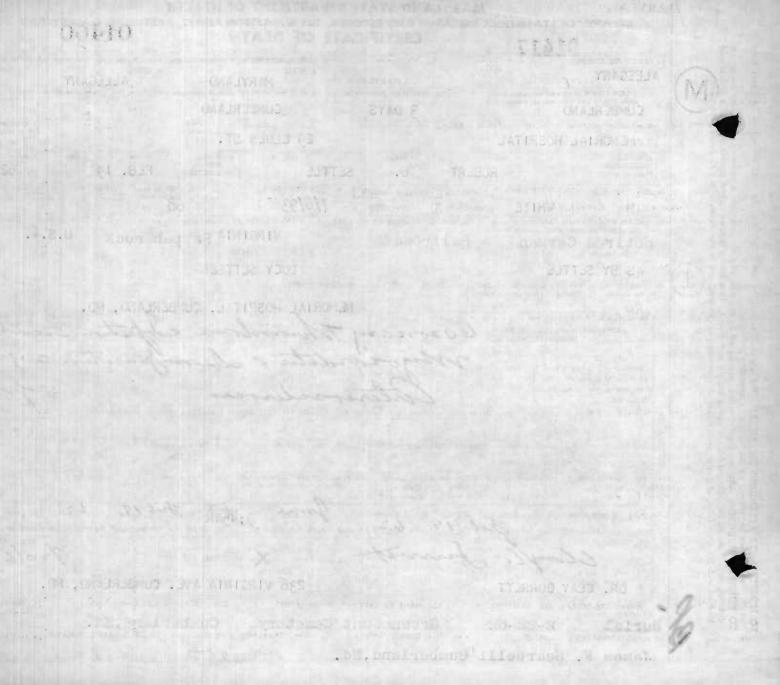
In by the funeral PHYSICIAN: The law requires that the death certificate be executed within 24 hours after removal, and in any event, within 72 hours TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed vedeath. Page may be retained by the hospital or attending physician. TO FUNERA. DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hou

VR A15 (4) 15M 7/61

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
01400

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admiss
A°LLEGANY MARYLAI	MARYLAND ALLEGANY
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN	TRAIL CALLS
write RURAL and give nearest town) CUMBE RLAND 3 DAYS	02 CUMBERLAND
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	/ d. STREET ADDRESS e. IS RESIDE
MEMORIAL HOSPITAL	29 ELDER ST.
NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer
(Type or print) ROBERT L.	SETTLE DEATH FEB. 19 19 66
6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 H
M WHITE WIDOWED TO DIVORCED	7/6/93 68 yrs. Months Days Hours Mi
e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INC	OUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUN
Retired Carman Raliroad	VIRGINIA Rappahanock U.S.A.
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ASHBY SETTLE	LUCY SETTLER
	17. INFORMANT Address
(es, no, or unkown) (If yes give wer or detes of service)	MEMORIAL HOODITAL CHARERIAND MO
NO 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c).)	MEMORIAL HOSPITAL, CUMBERLAND, MD. INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (e)	1/ mornous Competion cien
DUE TO	1-t- 1 le + = = = = = = = = = = = = = = = = = =
Conditions, if eny, which	rdelis à Decompensation I y
geve rise to immediate cause	
(e), stating the underlying	eosclerosis 5 gr
(6)	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO
	PERFORME
	YES NO
206. ACCIDENT WAS UNDERLYING ☐ OP. CONTRIBUTING ☐ CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	URED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20d	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete
Hour a.m. While Not While	factory, street, office bldg., etc.)
p.m. 19 at work et work	A 58 A 1 10 C
21. I certify that (I) (this hospital) attended the deceased fi	G : 4 JAIV
saw the deceased alive on Del. 19 19 6 7 end	that deeth occured arM, from the causes and on the date stated ab
22e. SIGNATURE	22b. DA
Clayle furrett	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D
22c. PHYSICIAN'S	22d. ADDRESS
DAY CLAY DURRETT	236 VIRGINIA AVE. CUMBERLAND, MD.
B. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEME	TERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify)	t Comptant Cumbonland Md
	t Cemetery Cumberland, Md.
FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
James F. Scarpelli Cumberland,	Id. DATEGER 26 '62 Clay & Hours



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaasad lived, If institution: Residence bafore edmission) e. COUNTY ector. reg b. COUNTY Allegany Allegany MARYLAND Maryland b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearast town) write RURAL and giva neerest town) Cumberland Years Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 320 Bedford Street 320 Bedford Street YES NO K 3. NAME OF Middle 4. DATE Month Day Yaar DECEASED may be ren OF (Type or print) Blaine DEATH February George Shewbridge 62 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and last birthday) Months Davs Hours Male White WIDOWED DIVORCED February 26,1884 200 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) ve Pages PM3. Pag West Virginia Retired Celanese Employee U.S.A. pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Benjamin Shewbridge Mary Finn 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 320° Bedford Street (Yas, no, or unkown) | (If yes give war or datas of service) Mrs. Bessie Shewbridge Cumberland, Maryland ice along wrial-transit p 1B. CAUSE OF DEATH [Enter only one cause par line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: " in pencil i Office alon burial-trans IMMEDIATE CAUSE (e) CORONARY OCCLUSTON SUDDEN **DUE TO** remova Conditions, if any, which (b) SCLEROSIS CORONARY d "pending" Examiner's gave rise to immediata ceuse Ø **DUE TO** (e), stating the underlying 0 cause lest. nsed cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION Medical Ex pe PERFORMED? NO I should 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) of the Co. San Surials of PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) MEDI Hour e.m. Whila Not Whila at work ___ et work ___ DIRECTOR: F 21. I certify that I took charge of the remains described above, held an Autopsy ... (nspection | X Inquiry X and in my opinion designated agent, death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE Feb. 22, 1962 DEPUTY MEDICAL EXAMINER EXAMINER'S Should FUNE SKITARELIC, M.D. NAME (Typa) BENEDICT Addrass (Street, city, town, or county) Cumberland, Md. 22a, BURIAL, CREMATION. | 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 240 g Burial Herman Cemetery Cumberland Mary and 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE Ruth E. Silcox Cumberland Maryland DATE ER 2 6 '62 5M 9/60 Ciring S. Flrance

YLAND STATE DEPARTMENT OF HEALTH

hours a. ages 1, 2, Page 5 s 1 and 72 DICAL

VS. AISME

1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, 11419 CERTIFICATE OF DEATH								
The fune	1.	PLACE OF DEATH a. COUNTY A L L E GANY MARYLANE	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission e. STATE b. COUNTY MARYLAND ALLEGANY							
in by after deg		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) CUMBERLAND 5 DAYS d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give street address)	c. CITY OR TOWN (If outside corporate limits, write RURAL end CUMBERLAND Rt #1 d. STREET ADDRESS	e. IS RESIDENCE						
ely will hours	2	MEMORIAL HOSPITAL NAME OF First Middle	BOWMAN'S ADDITION	ON A FARMT						
execute complet n pape hin 72		DECEASED (Type or print) EDMOND	SHIPLEY DEATH FEBRUARY	17 1962						
icate be exition and co		6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED X DIVORCED	JULY 31,1884 77 yrs.	Deys Hours Min.						
physic e remo	de	a. USUAL OCCUPATION (Give kind of work pose during most of working life, even if refired) Retired B & O Employee Maintenance Dept. FATHER'S NAME		U.S.A.						
the deeth sattending then please and in	L	DOSH SHIPLEY MARTHA GRIMM WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address								
sician. d by the all permit. The or remove	(4	No (Ifyesgivewerordetesofservice) 219-03-9507 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	MEMORIAL HOSPITAL CUMBERLAND	MD. INTÉRVAL BETWEEN ONSET AND DEATH						
N: The law requor attending phye has been signe the burial-transit buriel, cremation.		CON A	: Glomerulomphnitis	40,00						
hospital of certificate r use as the prior to be	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART RED. (Enter nature of injury in Pert I or Part II of item 18.)	1(e) 19. WAS AUTOPSY PERFORMED? YES NO						
DING PH ned by the After this etached fo of Health	MEDICAL CERT	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (City or town) (County) (Stete)								
OR ATTEN may be retain DIRECTOR: S should be d e State Dept.	2	21. I certify that (I) (this hospital) altended the deceased from 12 1-4, 19 6, that (I) (we) lass with deceased alive on 19 6, and that death occurred set 5AM from the causes and on the dete stated above								
ERAC DIR page 3 showith the St		22e. SIGNATURE JAMES G. STEGMAIER M.D. ATTENDING PHYS. DIRECTOR PHYS.								
SAN	22	NAME (Type) JAMES G. STEGMATER BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	122 S. CENTRE ST., CUMBERLA							
OH OF OH OF OH OF OH OF OH OF OH		REMOVAL (Specify) Burial 2/20/62 Sunset Memo FUNERAL DIRECTOR'S SIGNATURE ADDRESS	rial Park Cumberland Mar	yland signature						
(A)	16	Ruth E. Silcox Cumberland Ma	ryland DATEFEB 23'62 anthur &.							

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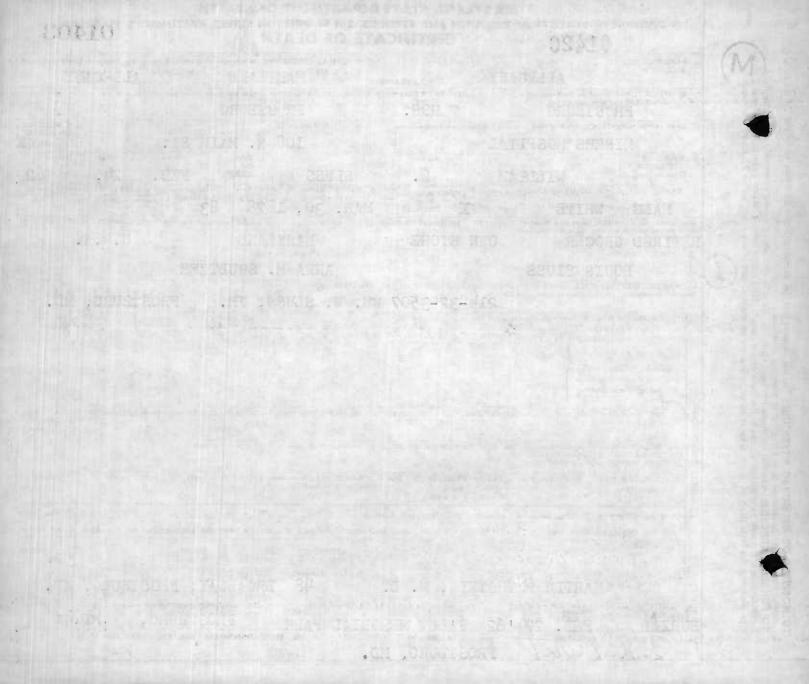
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ANGELS STEERNICK 122 S. CONTECTS., CUREPLIND, TO.

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ARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Item 8 Film G308 USUAL RESIDENCE (Where deceased livad, If Institution: Residence before edmission) 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY MARYLAND ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) CIMBERT AND DAYS CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 100 NEW HAMPSHIRE SACRED HEART YES NO IK 3. NAME OF Middle Month DECEASED (Type or print) DEATH 1962 MARGARET FEB. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday Months Davs Hours FEMALE WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) MARYLAND -HANCOCK. REPERED CLERK GOVERNMENT U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Loretta Ortman DECEASED DECEASED 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) | (If yes give war or detes of service) CHART 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO gave rise to immediate cause DUE TO (e), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERTIFICATION PERFORMED? 20e. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH-MEDICAL 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, form, (County) (Stete) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., etc.) Hour e.m. Not While et work at work p.m. 19....., that (I) (we) last saw the deceased alive on 2/2/ 19 62 and that death occurred at 7.0.M, from the causes and on the date stated above. 22a. SIGNATURE ATTENDING 6 2 SIGNED PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burlal SS. Peter & Paul Cemeterv 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** James F. Scarpelli, Cumberland, Md. DATEFFR 2 7 '62

within 24

executed

O:F

15M 7/61

RYLAND STATE DEPARTMENT OF HEALTH

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ATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission a. COUNTY b. COUNTY Allegany MARYLAND Maryland Allegany
c. CITY OR TOWN (II) outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 Eckhart. Md. 5 minutes Frostburg e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO Y Hospital Miners 3. NAME OF Middle 4. DATE DECEASED OF (Typa or print) DEATH 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR F UNDER 24 HRS. last birthday) Months Hours WIDOWED | DIVORCED 59 10a. USUAL OCCUPATION (Giva kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or loreign country) dona during most of working life, even if retired) Coal Mines Miner Zihlman. Md. U.S.A. attending pl 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Steele Daisy Mustetter 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) | (Il yes give war or datas of servica) None 213-09-6546 Mrs. Myrtle Steele. Eckhart. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava rise to immadiate cause DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO Y 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year factory, straet, offica bldg., etc. While Not While at work at work 21. I certify that (i) (this hospital) attended the deceased from Sammer 19.61, to Tebruary 19.62, that (i) (we) last saw the deceased alive on FS and on the date stated above. 22ª SIGNATURE 22b. DATE ATTENDING SIGNED DIRECTOR M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) CALVIN Y. HADIDIAN TO HOSPI death. Pa TO FUNE director, p 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stata) REMOVAL (Specily) Frostburg Memorial Park Frostburg

25s. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Burial 24 FUNERAL DIRECTOR'S SIGNATURE Hafer Fune Tal Home DATE EB 2 0 '62 Orthung S. Thomas Main, Frostburg, Md.

within 24 hours after

RYLAND STATE DEPARTMENT OF HEALTH

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HEALTH DEPT actor. Page your files. YOUR TO DEPUTY SICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is a please executed to the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funer of 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 fours after death VS. A15ME 5M 7/59 B.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATESTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEAT	н				VCE (Where decessed lived, If institution	: Residence before edmission)		
g. COOM1	ALLEGANY		MARYLAND	* STATE MARYLAND b. COUNTY ALLEGANY				
	if outside corporete limits	,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
write RURAL end give neerest town) CUMBERLAND 2 Hrs.				22 FROSTBURG				
	TAL OR INSTITUTION (II	not in hos	pitel, give street eddress)	d. STREET ADDRESS		e. IS RESIDENCE		
M	EMORIAL H	OSPI	TAL	2	36 E. MAIN STREE	ON A FARM? YES NO X		
3. NAME OF DECEASED	First		Middle	Last	4. DATE Month	Dey Yeer		
(Type or print)	ALLE	EN	HARRISON	STEWART	DEATH FEBRUARY	27TH, 19 62		
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years IF UNDER	1 YEAR IF UNDER 24 HRS.		
MALE	WHITE	WIDOWE	7.537	OV. 27TH,	1888 73 Yrs.	Deys Hours Min.		
100. USUAL OCCUPAT	ION (Give kind of work	10b. KI	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Siet	e or foreign country) 12. C	ITIZEN OF WHAT COUNTRY?		
RETCONI	orking life, even if relired	RAT	LROADING	MARYLA	ND	USA		
13. FATHER'S NAME	00101	176777	LINGEDING	14. MOTHER'S MAIDEN		ODA		
TOHN	STEWART			ANNA MA	RY PENGELLY			
15. WAS DECEASED EV	ER IN U.S. ARMED FOR		SOCIAL SECURITY NO. 17. I	NFORMANT	4.47	MAIN STREET.		
(Yes, no, or unkown) (If yes give wer or dates of se	-	2-14-1585 MR	S. DOROTHY				
1 18. CAUSE OF I	DEATH Enter only one		ine for (e), (b), end (c),	3.DONOINI	V.CLUSE, FRUSIDI	URG, MD.		
	TH WAS CAUSED BY:	_		CLUSION		ONSET AND DEATH SUDDEN		
115	DUE TO							
Conditions, if en	Conditions, if eny, which CORONARY SCLEROSTS							
geve rise to immed	liete ceuse		VVICUITALE DVI					
(e), steting the couse lest.	underlying DOE 10							
	R SIGNIFICANT CONDITI	ONS CON	ITRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN PA	RT 1(e) 19. WAS AUTOPSY		
SE S	APLAS'I					PERFORMED?		
20e. EXTERNAL C.			IN CIVILA IBE HOW INJURY OCCURED. (E	nter neture of injury in Pe	art I or Pert II of item 18.)	ILS NO M		
PRIMARY OF CO	ONTRIBUTING [
20c. TIME OF INJU	JRY Month, Dey, Yeer	20d. While		CE OF INJURY (Home, fer ory, street, office bldg., et		ounly) (State)		
₩ p.m.	19	et wor						
21. I certify t	hat I took charge of	the rem	ains described above, he	ld an Autopsy ,	Inspection X, Inquiry X,	and in my opinion		
death resulted	from: Natural cau	ises X.	Accident, Suici	de, Homicide	Undetermined manner			
		1	', ',	CHIEF MEDICAL	EXAMINER			
ACTUAL SIGNATURE	Benedict	Ski	tarelia	M.D. ASSISTANT ME	DICAL EXAMINER	DATE SIGNED		
1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				AL EXAMINER X FEBRUAR	RY 27, 1962		
			RELIC, M.D.	Address (Street,	city, town, or county) Cumber	land. Md.		
22e. BURIAL, CREMATIC REMOVAL (Specify)F	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town, or count	ry) (Stete)		
BURIAL	13-2-62			ETERY	ECKHART,	MD.		
23. FUNERAL DIRECTO	OR /		ADDRESS	24e. RE	C'D BY REGISTRAR 246. REGISTRAR'S	SIGNATURE		
1.1.1P.	Just	F	ROSTBURG, MI	D. DATE N	WR 5 '62 adding 2	S. Thous		
7	7							

THE STADISTYCES THE SCHOOL SHAND HOUSE BUILDING THE AND THE RESERVE OF STREET AND STREET, STREET,

FOR STATE **HEALTH DEP1** s necessary, actor. Page your files. TO DEPUT! CEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is please executificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funer as 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permy. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01/2/ MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07363	CHAIR OF PLAIN	TAU
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institutions Re	sidence before admission)
ALLEGANY MARYLAND	MARYLAND b. COUNTY ALL	EGANY
b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and	
write RURAL and give nearest town)		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS) e. IS RESIDENCE
		ON A FARM?
106 Hanover Street 3. NAME OF First Middle	106 Hanover Street Last 4. DATE Month	YES NO
DECEASED	OF	Day Yaar
(Type or print) Robert Benedict	Sturtz Feb 7,	19 62
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 Y lest birthday) Months Di	
Male White WIDOWED DIVORCED	9/18/1897 64yrs. Months	nys Hours Min.
10a. USUAL OCCUPATION (Give kind of work dona during most of working lifa, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
Retired Laborer	Mt. Savage, Maryland U.	S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Simon P. Sturtz	Clara Dickel	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.		
(Yes, no, or unkown) (Ifyesgivewerordelesofservice) Yes W.War I 213-22-3198 Ars	s. Mary Sturtz 106 Hamover St. Cu	mberland M
18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]	. That y boar of for hamover bo. ou	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: CORONA RY OCCT.	USION	SUDDEN
MMEDIATE CAUSE (8)	, OO 2. O. 1	DODDEN
CORONARY SCIE	ROSIS WITH THROMBOSIS	
Conditions, if any, which (b) CONUNARI SOLE, gave rise to immediate causa	TOO TO WITH THEOTEON IS	
(a), stating the underlying DUE TO		
causa last.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?
[A]		YES 🔣 NO 🖪
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 2Db. DESCRIBE HOW INJURY OCCURED. () CAUSE OF DEATH.	Enter nature of Injury in Part I or Part II of item 18.)	
ZOc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL/	ACE OF INJURY (Home, farm, † 20f. (City or town) (Count	y) (State)
Hour a.m. While Not While fac	tory, street, office bldg., etc.)	(0:0:0)
	ald an Autonou [97] Innext: [=] } . [79]	
21. I certify that I took charge of the remains described above, he		and in my opinion
death resulted from: Natural causes A, Accident , Suice	cide, Homicide, Undetermined manner	
1 1 104 11	CHIEF MEDICAL EXAMINER	
SIGNATURE DENAMEL SKITARLICE	M.D. ASSISTANT MEDICAL EXAMINER [February 7	DATE SIGNED
EXAMINER'S BENEDICT SKITARELIC, M.D.	DEPUTY MEDICAL EXAMINER R9 Cumberlar Address (Street, city, town, or county)	
22s. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d, LOCATION (City, town, or country)	(State)
Durial 2/10/62 St. Patricks (23. FUNERAL DIRECTOR ADDRESS	Catholic Cem. Cumberland, Marylan	1CL
	248. REC D DT REGISTRAK 240. REGISTRAR'S SIG	NATURE
John J. Hafer, Cumberland Maryland	DATE 1 3 '62	
	EB 13 62 Chan S. May	A

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY COUNTY MARYLAND b. CITY OR TOWN (it but de c. LENGTH OF STAY IN 16 side corporate limits, write RURAL and give within d. NAME hospitel, give street address) e. IS RESIDENCE ON A FARM? NO A YES 3. NAME OF Middle DATE DECEASED OF DEATH (Type or print) 5. SEX IT UNDER 1 YEAR AGE (In yaers IF UNDER 24 HRS. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) and Months DIVORCED USUAL OCCUPATION (Give kind of work KIND OF BUSINESS OR INDUST foreign country) 12, CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) please Then please 15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, ng, or unkown) | (If yes give we ror detes of service) emova. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) Congestie forling 20 months gave rise to Immediate cause DUE TO (e), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED? 8 0 NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, Month, Day, Yaer 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While Hour e.m. et work et work p.m 21. I certify that (I) (this hospital) attended the deceased from These 196 Athat (1) (ast .. 19. 6. L, end that death occurred at . C. . RM, from the causes and on the date stated ebove. saw the deceased alive on..... 22a. SIGNATURE 22b. DATE ATTENDING STAFF SIGNED X PHYS. DIRECTOR PHYS. 22c. PHYSICIAN 22d. ADDRESS HOSPIT pa NAME (Type) Alfred Van Ormer. Centre Street, Cumberland, Maryland 23e, BURIAL, CREMATION, | 23b. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) d. OI 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 DATE anthur

ARYLAND STATE DEPARTMENT OF HEALTH

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VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01425 CERTIFICATE OF DEATH

							00
	LACE OF DEATH		2. USUAL RESIDE	NCE (Where dece		ution: Residence	before edmission)
	ALLEGANY	MARYLAND	e. STATE MARY	CLAND	b. COUNTY	ALLEGA	NY
b	. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	N (If outside corpore	te limits, write RUR	AL end give ne	erest town)
	write RURAL end give nearest town) CUMBE RLAND	3HRS. 25 MIN	. X CUME	BERLAND			
d	NAME OF HOSPIME PROPETIALTION INVA PUR		d. STREET ADDRES				e. IS RESIDENCE
	MEMORIAL HOSPITA		RT.	#3, BEDFO	ORD ROAD	3.1 1	YES NO A
	NAME OF First	Middle	Last	4. DATE	Month	Dey	Year
	DECEASED Type or print)		75.45.4	OF DEATH			10.6-
5. 5	SEX 6. COLOR OR RACE 7. MARRI	ED AL MENTE MARRIED I B	TEWELL DATE OF BIRTH	19. /	FEB. 7. AGE (In yeers IF U	NDER 1 YEAR	19 62 F UNDER 24 HRS.
					ast birthday) Mo	nths Deys	Hours Min.
	WALE WHITE WIDOW USUAL OCCUPATION (Give kind of work 10b.		9-18-1894	6	7 yrs.	12 CITIZENI OF	WHAT COUNTRY?
	e during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Co	Junty & State, or for	eign country)	iz. Cilizen Or	WHAT COUNTRY
	tired Driver Oi	1 Company	ARTEM			U. S.	Α.
3.	FATHER'S NAME		14. MOTHER'S MAIDI	EN NAME			
	WILLIAM TEWELL		HARRI	ETT SHIPL	EY		
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 , no, or unkown) (Ifyes give we ror dates of service)	. SOCIAL SECURITY NO. 17. II	VFORMANT		Address		
-14		14 07 1277	MEMORIAL	HOSPITAL	- CUMBE	RLAND. I	MD .
1	1B. CAUSE OF DEATH (Enter only one cause per						ET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	and the	0:0	Ludi		Olks	5 kes
-1	4-2 A - I DUE TO	aunt rug	acot court in	my weeks	-		
	Constitution	0	01. 1) (-	0	0	
	gave rise to immediate cause	Consucuy	anney !	mean)	ware	ues	
	(e), stating the underlying DUE TO						
z I	PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	RELATED TO THE TER	MINAL DISEASE CO	NDITION GIVEN II	N PART 1(a) 19	WAS AUTOPSY
2							PERFORMED?
5	ACCIDENT WAS UNDERLYING TO LOOK DE	SCRIBE HOW INJURY OCCURED.	/E-1	in Don't I on Don't II of	(to 10)	YE	S NO
CER .	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURED.	(Enter neture of injury	In Peri I or Peri II or	item (b.)		
MEDICAL			CE OF INJURY (Home, fory, street, office bldg.,		r town)	(County)	(State)
WED	Hour e.m. Whi	70 77 11110	ry, sheer, office blog.,	1			
1	21. I certify that (I) (this hospital) atter	nded the deceased from	10	- 1960 to	F107	196 2 th	at (I) (we) last
	saw the deceased alive on Fels		1 (19/				
-	22e. SIGNATURE	and mar	double occurred at		,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.1 1110 001	22b. DATE
	1	e January M.	ATTENDING PHYS.	MED.	STAFF PHYS.	2	SIGNED
	22c. PHYSICIAN'S	M.	22d. ADDRESS				10100
	NAME (Type) DR. WILLIAM F	P. IAMES	411	N. CENTRE	ST., CUI	MBERLAN	D, MD.
23a.	BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY C	R CREMATORY	23d. LOCAT	ION (City, town or	r county)	(Stete)
	REMOVAL (Specify) Feb. 11, 1962	Hill Crest Bur	ial Park	Cumber	land. Md.		
	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		REC'D BY REGISTRA			JRE
	Byron Kight Cumb	erland, Md.	DATE	FER 1 3 '62	Cum	-7 S. Than	as.
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(11) (1) SHORT SO MIN. 3384 45m4 F/ 2 34600 Sh OM. 93, GAM TOO ROND 三十二. 机二、补贴成组为信 AND M. TEL TELEST., CONCRUMN, ME. THE SHILLING P. L. ES The state of the s

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral executed within 24 hours after PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) a. COUNTY b. COUNTY by the and 2 death. ALLEGANY MARYLAND Mineral by th b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town R.D. (P.O. Kitzmiller, Md.) CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Potomac Manor. W. Va. YES NO completely NAME OF Middle DECEASED 62 (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED AGE (In years | IF UNDER TYEAR IF UNDER 24 FIRS. 8. DATE OF BIRTH NEVER MARRIED The law requires that the death certificate be and last birthday) Months Deys Hours WIDOWED physician 10a. USUAL OCCUPATION (Giva kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Dwn Home ILS.A. 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME attending physician. Theodore Anna Duckworth Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no or unkown) (Ifyesgive war or detas of service) Mrs. Delbert Michaels. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), cumberland. Md. INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) for OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ! Month, Dey, Year 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour am at work af work p.m 21. certify that (1) (this hospital) attended the deceased from.... DIRECT saw the deceased alive on... 22e. SIGNATURE 22b. DATE ATTENDING STAFF MED SIGNED PHYS. DIRECTOR PHYS. M.D. page 22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS XX GREENE 23c. NAME OF CEMETERY OR CREMATORY 13 23a, BURIAL, CREMATION, 23b, DATE THEREOF 23d. LOCATION (City, lown or county) I.O.O.F.Cemetery Garden, W. Va. JUNERAL DIRECTOR'S SIGNATURE ADDRESS 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Blaine, 15M 7/61 DATE.

ARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY a. STATE b. COUNTY the sth. Allegany ALLEGANY MARYLAND by the b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ROUTE L. FROSTBURG YRS. FROSTBURG d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO completely 3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF (Type or print) DEATH FEBRUARY L. 1962 WITTITAM WALKER pou IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 9. AGE (in years | IF UNDER 1 YEAR 8. DATE OF SIRTH and last birthday) Months Davs Hours TH.1878 MALE WIDOWED T DIVORCED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) RET. *CUSTODIAN COUNTY BLDG. SCOTLAND USA 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM WALKER AGNES affend 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) WALKER.RT.1.FROSTBURG,MD 220-10-9346 18. CAUSE OF DEATH [Enter only one cause per line for (a)/(b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y IMMEDIATE CAUSE (a DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO V YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRISE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tactory, street, office bldg., etc.) Hour a.m. While Not While at work at work p.m. 19 /2 to find the, 19/74, that (I) (we) last 21. | certify that (I) (this hospital) attended the decessed from ... saw the deceased alive on. 22b. DATE 22a. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. M.D. pag 22c. PHYSICIAN'S 22d. ADDRESS 11 NAME (Type) . McLANE. MAIN ST., FROSTBURG. MD. ector, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 8 Q.2 FROSTBURG. MD. F'BG.MEMORIAL PARK H 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4 15M 7/61 FROSTBURG, MD. DAEB 2 3 '62 aring & Thous

within 24 hours after

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certificate

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 11429 funeral 24 hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) e. COUNTY b. COUNTY ALLEGANY ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL end give neerest town) CUMBERLAND 20 DAYS CORRIGANVILLE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL YES NO IN executed NAME OF 4. DATE Middle Last Month Day Yeer DECEASED CLARA A. DEATH (Type or print) WALTERS **FEBRUARY** 1962 and con carbon at, withir 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yeers | IF UNDER I YEAR B. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months Hours **FEMALE** 1897 WIDOWED SEPT. 21. DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) CUMBERLAND. MARYLAND U.S.A. Celanese, Kelly-Springfield 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME law requires that the death Then please George Park IDA COOLE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address removal (Yes, no, or unkown) | (If yes give war or detes of service CUMBERLAND, MD. affending physician. 230-24-0995 MEMORIAL HOSPITAL. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Senear-Usher Syndrome Labelar Pnecession IMMEDIATE CAUSE (e) mo. DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19. WAS AUTOPSY CERTIFICATION as 0 PERFORMED? prior NO 20e. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH DIRECTOR: Alter After this MEDICAL 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (Stete) Month, Dey, Yeer (County) factory, street, office bldg., etc.) Hour e.m. a work et work 21. I certify that (I) (this hospital) attended the deceased from 12 Dec 1961, to 4 FEL 1962, that (I) (we) last 1962, and that death occured 8:20 AMrom the causes and on the dete stated above. 5 F2662 22b. DATE 22a. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS FUNER 22c. PHYSICIAN'S NAME (Type) MARK M. KROLI 110 S. CENTRE ST., CUMBERLAND, MD. filed v 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (Stete) \$ 0 to 2 REMOVAL (Specify) Feb.8,1962 Rest Lawn Memorial Gardens Cumberland Burial 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) 15M 7/61 Hyndman.Pa. Chillian & Thous

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RYLAND STATE DEPARTMENT OF HEALTH

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MAR	YLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL RESE	EARCH AND RECORDS, 301 W. PRESTON STREET, B	
01/30	CERTIFICATE OF DEATH	01413

1 1	111/21	
	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
		a. STATE b. COUNTY
	ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
	write RURAL end give nearest town)	
	CHMBERLAND	CRESAPTOWN . Rt. # 5 Cumb. Md.
3	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
-	TARREST TOURS TOUR TOUR TOUR TOUR TOUR TOUR TOUR TOUR	123 Meadow Drive
2	SACRED HEART HOSPITAL Middle	Lest 4. DATE Month Day Yeer
	DECEASED	OF
	(Type or print) ETHEL MAE	WENRICH DEATH FFB 24 1962
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED [8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	WIDOWED TO DIVORCED TO	Dec. 11. 1903 Lest birthday) Months Days Hours Min.
	USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTR	
do	ne during most of working life, even if retired	II. BIRTHPLACE (County & Siele, of foreign country)
8	HOUSEWIFE Own Home	Ridgeley, W. Va U.S.A.
13.	HOUSEWIFE OWN HOME	14. MOTHER'S MAIDEN NAME
	01 2	
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Amanda R. Dixon
	s, no, or unkown) (Ifyesgive werordetes of service)	cresaptown, Ma.
	No None Mr	. Joseph G. Wenrich 123 Meadow Drive
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	MTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:	forman to the
	IMMEDIATE CAUSE (6)	1 1 1
	DUE TO	and and
	Conditions, if eny, which (b)	our year
	gave rise to immediate cause	
	(e), slefting the underlying	
7	(c)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
0	TAKE III. OTHER SIGNIFICANT CONDITIONS CONTINUOUS TO BEATTH SOUTH	PERFORMED?
3		YES NO
CERTIFICATION		. (Enter netura of injury in Pert I or Pert II of item 18.)
E	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
4	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLA	ACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (State)
MEDICAL	Hour e.m. WhileNot While	lory, street, office bldg., etc.)
ME	p.m. 19 at work et work	
	21. I certify that (I) (this hospital) attended the deseased from.	1961, 1961, to fell-24, 19 Lithat (1) (we) last
		death occured at
		22b. DATE
	22a. SIGNATURE	ATTENDING MED. STAFF SIGNED
	1/2 Morandella N	A.D. PHYS. DIRECTOR PHYS.
	224. PHYSICIAN'S	22d. ADDRESS
	NAME (Type) DD D M COUTMINT UD	GREENE STREET
22-	DR, B.M SCHTNDLTR 1. BURIAL, CREMATION, 235. DATE THEREOF 23c. NAME OF CEMETERY	
238	REMOVAL (Specify))13
	54170	orial Park Cumberland, Md.
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1	H. Wayne George, Cumberland, Md.	DATE FER 2 8 '62 Circhun S. Trans

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
01414

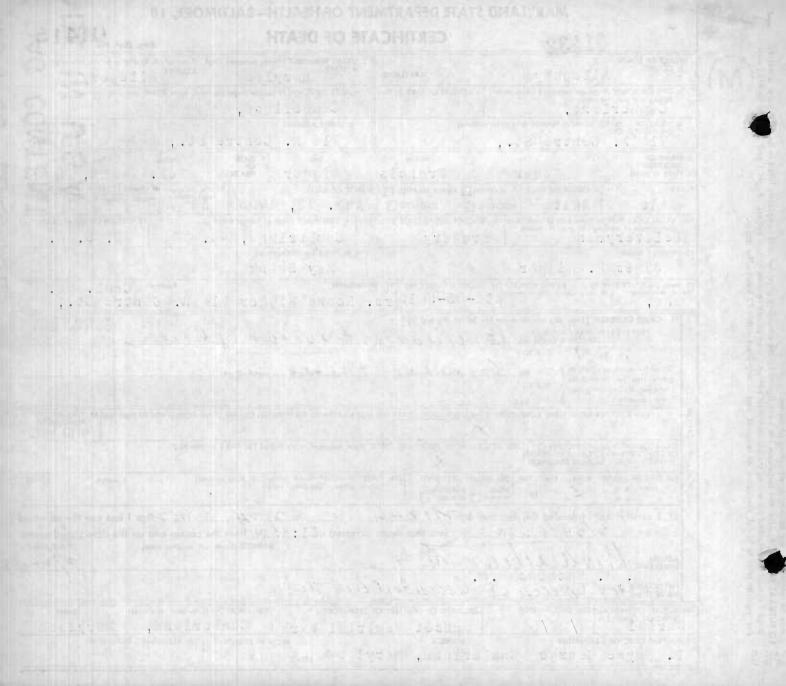
1. PLACE OF DEATH	0.1		2. USUAL RESIDEN	ICE (Where decee	sed lived, If b. COUN		ce before edmission)
Al	legany	MARYLAND		d.	D. COU!	Allegan	T.F
b. CITY OR TOWN (if outs	side corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN		e limits, write		
Westernpor	neerest town)	20 Yrs	43 Western				
d. NAME OF HOSPITAL C	OR INSTITUTION (if not	in hospital, give streat address)	d. STREET ADDRESS				. IS RESIDENCE
201 Rock			201 R	ock			YES NO
3. NAME OF	First	Middle	Last	4. DATE	Month	Dey	Year
	loward	Ervin	Whisner	OF DEATH	Feb.	27	19 62
5. SEX 6.	COLOR OR RACE 7. A	MARRIED NEVER MARRIED 8.	DATE OF BIRTH			IF UNDER 1 YEAR	IF UNDER 24 HRS.
Male	MITTOG		+ 17 1800	10	st birthdey)	Months Days	Hours Min.
10e. USUAL OCCUPATION			ct. 13,1892			1.10 CITIZEN O	C WHAT COUNTRY
dona during most of working	lifa, even if retired)	106. KIND OF BUSINESS OR INDUSTRY	11. Wineractour	nty & State, or fore	ign country)	12. CITIZEN O	F WHAT COUNTRY?
Miner		Coal Mine	W. Va.			U.S.A.	
13. FATHER'S NAME			14. MOTHER'S MAIDEN				
Jacob Whin			Isadora	Mornings	star		
15. WAS DECEASED EVER IN			VFORMANT		Address		
(Yes, no, or unkown) (Ifyesg		236-03-3866 Car	1 Whisner-B	loomingto	on, Md.		
18. CAUSE OF DEAT	H [Enter only one caus	se per line for (a), (b), end (c).]	1)	1			ERVAL BETWEEN
PART I. DEATH WA		Cerebral	Hermany	- ANDIO		ON	ISET AND DEATH
1 IMME	EDIATE CAUSE (e)	Cerenia	110,000	Maye			HE HOU
103/1	DUE TO		1 11 11 .	1			
Conditions, if any, Wi	nich) (b) A	Horio-sclorosis 1	with Hype	stensic	n	T	en Years
geve rise to immediate c	ause (7 10 -012 10013		The I	-		11 15
(a), steting the underly	ying DUE TO						
ceuse last.) (c)						
PART II. OTHER SIG	NIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT NO	RELATED TO THE TERMI	NAL DISEASE COL	NDITION GIV	EN IN PART 1(a) 1	9. WAS AUTOPSY
Ĕ							PERFORMED?
3							IES NO
PART II. OTHER SIGN 2006. ACCIDENT WAS U OR CONTRIBUTING OF CONTRIBUTING	AUSE OF DEATH	b. DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in	Pert I or Pert II of	item 18.)		
		yone					
20c. TIME OF INJURY Hour a.m.	Month, Day, Yeer		CE OF INJURY (Home, ferr ry, street, office bldg., etc		town)	(County)	(State)
Hour a.m.	19	at work at work	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Print			Time In	10.52	Ech	77 10/00	
21. I certify that		attended the deceased from		2//			
saw the deceased	alive on	10 1962, and that	death occured at.	.A.M, from th	ne causes	and on the da	ate stated above
22e. SIGNATURE	.0.	60		-			22b. DATE
Pan	LAMA	Som M.	D. PHYS.		STAFF PHYS.	F	6, 28, AC
22c. PHYSICIAN'S NAME (Type)	3 5 1713		22d. ADDRESS	1 1.1 7.7			
TOTALE (17)POT	Paul R. Wil	son	1'leamo	nt, W. Va.			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
23a. BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETERY	R CREMATORY	23d. LOCATIO	ON (City, to)	wn or county)	(Stefa)
REMOYAL (Specify)	3/1/62	Philos			rnport		Md.
Dartar	91 1/02	2117102			•		
4 FUNERAL DIRECTOR'S SI	GNATURE.	ADDRESS		C'D BY REGISTRA	R 25b. REG	GISTRAR'S SIGNA	TURE
E: V 12	()	Westernport,	Md. DATEAS	2 '62	and	lun S. Kraua	
(1 / m : 3			DAIL				



MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE, 1	18
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		01432		CERT	IFIC	ATE OF	DEATH	4		Reg. Di:	Of	L415	,
1.	PLACE OF DEATH o. COUNTY	Allegany		MAR	YLAND	2. USUAL RI o. STATE	Mary		d lived. If institute b. COUNTY				
	b. CITY OR TOWN RURAL ond give Cumber		its, write	c. LENGTH OF STAY	IN 1b	1000	mberl		rote limits, write				
T		PITAL (If not in hospital, o		oddress)		d. STREET	ADDRESS		e St			IS RESIDENCE ON A FARMY YES NO P	2
3.	NAME OF DECEASED (Type or print)	Fii Joh		Middle Fran			lost gger	4. DATE OF DEATH		onth h	Doy 24	Year	52
5.	sex Male			RIED X NEVER MARRI	ED 🔲	8. DATE OF BI	RTH	1903	9. AGE (In years lost birthdoy)	IF UNDER Months	TYEAR II	F UNDER 24 H	RS.
10	. USUAL OCCUPA	TION (Give kind of work orking life, even if retired	done 10b.			STRY 11. BIRTH	-	or foreign co	ountry)	12. CIT	IZEN OF	WHAT COUN	TRY
13.	FATHER'S NAME James	B. Wigger	r				r's MAIDEN N						
15 (Y	WAS DECEASEDE es. no. or unknown) No	VER IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16. service) 2 1	SOCIAL SECURITY NO.	5Mrs	. Leol	na Wig	gger '	716 N.		umb. re S		
	Conditions, if gove rise to couse (o), stotin lying couse los	immediate DUE TO	5	reces	res l	The	last	are	gracion	100-			
CATION	PART II. C	OTHER SIGNIFICANT CON	IDITIONS C	CONTRIBUTING TO DE	ATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASI	E CONDITION G	VEN IN PAR		WAS AUTOPS PERFORMED? YES NO [)
CERTIF	OR CONTRIBUTION	WAS UNDERLYING ☐ NG ☐ CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter noture	e of injury in I	Port I or Port	II of item 18.)				
MEDICAL	20c. TIME OF INJU Hour o. m p. m	. 10	While	NJURY OCCURRED Not while	20e. Pt.	ACE OF INJURY ctory, street, off	Y (Home, form fice bldg., etc.	20f. (City	or town)	(0	County)	(Sto	le)
	21. I certify alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the Tyle 162 No Clear Bank at hew the control of t	deceas 19 Leus 8 May		death	m.D.			n the causes reet, city or town	and an t		the decede stated about parts, sign	
22	Burial (Specif			22c. NAME OF CEM			Park		non (city, town,		Mar	(Stote) yland	
23.	FUNERAL DIRECTO	e George	Cuml	ADDRESS berland,			240. REC"	D BY REGIST		Istrar's sic	2 11	4	

VS A1S (4) 1SM 10/57



IO HOSPITAL OR AITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

		Juera	hould	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deather	
		E EUNERAX DIRECTOR: After this certificate has been signed by the attending physician and completely (in by the funers	2 s	L	1
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	death. Pag may be retained by the hospital or attending physician.	A1	S	(4)	
	15	M	7/6	51	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 MARYLAND 01433 CERTIFICATE OF DEATH

0710						
1. PLACE OF DEATH				NCE (Where decess		Residence before edmission
ALLE	GANY	MARYLAND	. STATE MAR	YLAND	b. COUNTY	ALLEGANY
b. CITY OR TOWN (if outside corpora		c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate	limits, write RURAL en	
write RURAL and give neerest to	ERLAND	9 DAYS	X LON	ACONING		
d. NAME OF HOSPITAL OMENIO	RPALI "& INWAF	RM PCKireAIVEdSss)	d. STREET ADDRES	5		e. IS RESIDENCE ON A FARM?
	RIAL HOSPI	TAL	, DO	UGLAS AVE.	., BOX 106	YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day Year
(Type or print)	FRANCIS	C. W	ILHELM	20.00	EB. 8.	19 62
5. SEX 6. COLOR OR	RACE 7. MARRIED	NEVER MARRIED 8	. DATE OF BIRTH	9. AC	GE (In years IF UNDER 1	YEAR IF UNDER 24 HRS.
MALE WHIT			6-8-1885	-	76 yrs. Months	Days Hours Min.
Oa. USUAL OCCUPATION (Give kind done during most of working life, even		ID OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Co	unty & State, or forei	gn country) 12. CIT	IZEN OF WHAT COUNTRY
Retired Coal			MARYL	AND	13	. S. A.
3. FATHER'S NAME			14. MOTHER'S MAIDE			- V - F -
OLIN WILHE	LM		CATHERE	NE GARLITZ		
5. WAS DECEASED EVER IN U.S. ARM		OCIAL SECURITY NO. 17.		NE CHILLIA	Address	•
(Yes, no, or unkown) (If yes give wer or d		9-03-8049	MEMODIAL U	COLTAI	CLIMPEDLAND	MO
18. CAUSE OF DEATH [Enter of			MEMORIAL HO	JOP ITAL -	CUMBERLAND	MU.
PART I. DEATH WAS CAUSED		0 101 (0), (0), 0110 (0).)	In 7 1	1. 1		ONSET AND DEATH
IMMEDIATE CAL		geriso	Lun 1	ours		2 weigh
1 + + 3 X	UE TO #	-	6	1		0
Conditions, if eny, which	and	orlansing or	of arto	wille	while love	for vin of
gave rise to immediate cause	(b)_ (b)_					5 yeur
(e), stating the underlying	OUE TO	anto	willo	'-		7
cause last.	(c)	1. The				4
PART II. OTHER SIGNIFICANT	CONDITIONS CONT	RIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
3						YES NO
PART II. OTHER SIGNIFICANT 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CONTRIBUTING CAUSE OF E OF IF EITHER, NOTIFY MEDICAL EXAM		RIBE HOW INJURY OCCURED	. (Enter nature of injury i	n Part I or Pert II of it	rem 18.)	
OR CONTRIBUTING [] CAUSE OF E						
20c. TIME OF INJURY Month, D	Day, Year 20d. IN	IJURY OCCURRED 20e, PLA	CE OF INJURY (Home, fe	rm, ; 20f. (City or to	own) (Cou	nty) (State)
20c. TIME OF INJURY Month, E Hour e.m.	While	1401 1111111111111111111111111111111111	ory, street, office bldg., e	tc.)		
P.1.11	12	et work	7.1	Cai	C 6 1.	/- ")
21. I certify that (I) (this	hospital) attende	ed the deceased from	1 2:20	18 Ml to	Y 19!	that (I) (we) la
saw the deceased alive on.	8 17 W	19.6 4 and that	death occured at	M, from the	e causes and on	the date stated above
22e. SIGNATURE	1 10	M a	ATTENDING	MED. S	STAFF	22b. DATE
Walker	d Von	alman	.D. PHYS.		HYS.	1 Fes. 67
22c. PHYSICIAN'S			22d. ADDRESS			
DR. W	. A. VAN	ORMER	122 5	. CENTRE	ST., CUMBEI	RLAND. MD.
38. BURIAL, CREMATION, 236. DAT	TE THEREOF	23c. NAME OF CEMETERY			N (City, town or count	
REMOVAL (Specify)		04 1 0		4	200	10
Burial 2/1	1/1962	At. Anns Ce	emetery	Avilt	on, MD	Garrett, Co
4 FUNERAL DIRECTOR'S SIGNATURE	NT 7.03	ADDRESS	U de la	4 0 100		,
GEORGE EICHHOR	N LOI	NACONING, ML	• DATE	1 3 '62	Living S. 7	CLAMB .

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DR. W. A. VAN DRIED 122 S. CENTRE ST., CUMBERLAN, NO.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 01434 funeral 24 hours after 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) 1. PLACE OF DEATH a. COUNTY b. COUNTY a. STAMARYLAND ALLEGANY ALLEGANY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerast town) b. CITY OR TOWN (if outside corporate limits. C LENGTH OF STAY IN 16 write RURAL and give nearest town) **CUMBERLAND** 28 DAYS CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address) d. STREET ADDRESS e. IS RESIDENCE 304 COLUMBIA STREET YES NOY MEMORIAL HOSPITAL completely NAME OF Last DATE Month Middle DECEASED OF DEATH (Type or print) LOTTIE WILLIAMSON FE BRUARY 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) and Months WIDOWED DIVORCED FEMALE certificate physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) LEVELS. W. VA. U.S.A. work housewife Own home please 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 2 requires that the death attending FRANK SHANHOLTZER ALMETA DURST 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address oval (Yes, no, or unkown) | (If yes give wer or detes of service) MEMORIAL HOSPITAL. CUMBERLAND. MD. None INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] cef Breen with Metastar ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO eny, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING TI OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Year factory, street, office bldg., etc.) While Not While et work | et work 62, 19, that (I) (we) last1962, and that death occured 12.25MPN om the causes and on the date stated above. saw the deceased alive on Teb 220. SIGNATURE ATTENDING DIRECTOR T M.D. NAME (Type) VIRGINIA AVE., CUMBERLAND, MD. 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF Levels, W. Va. Levels Cemetery 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 7/61 Vumberland. Md. DATE MAR '62 Byron Kight handows & France

PYLAND STATE DEPARTMENT OF HEALTH

ON A FARM?

Year

19 62

PERFORMED? NO

(Stete)

22b. DATE SIGNED

(Stete)

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) a. COUNTY b. COUNTY a. STATE MARYLAND ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) WKS. MT. SAVAGE FROSTBURG d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS HOSPITAL NAME OF 4. DATE Month Middle DECEASED OF (Type or print) B. WINEBRENNER DEATH FEBRUARY WITITIAM 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR last birthday) 28th, 1903 WIDOWEDKK DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) BRICK SETTER BRICK PLANT MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM M. SUSAN WHETZEL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) MRS. JOHN EVANS. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0 CERTIFICATION prior 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert 1 or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF FITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) factory, street, office bldg., atc.) While Not While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from..... saw the deceased alive on.... 22a. SIGNATUR ATTENDING MED DIRECTOR | PHYS. 22d. ADDRESS 22c. PHYSICIAN'S death. Pag director, pag be filed with NAME (Type 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. CEMETERY 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 7/61

RYLAND STATE DEPARTMENT OF HEALTH

PERFORMED? YES NO . (Stata) (County) and that death occured et....QM, from the causes and on the date stated ebove. 22b. DATE SIGNED ST., LONACONING, 23d. LOCATION (City, town or county) (State) MD. MT. SAVAGE, 25m. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE arthur S. Frank FROSTBURG, MD. DATE

ALLEGANY

Day

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

da 10

WAS AUTOPSY

USA

2nd.

e. IS RESIDENCE ON A FARM?

YES NO X

19 62

IF UNDER 24 HRS.

Yee